

**State of Missouri
Department of Public Safety
Office of the Director**



**Edward Byrne Memorial Justice
Assistance Grant (JAG) Program**

**Missouri Statewide Drug and
Violent Crime Strategy
FY14**

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FOREWORD

On behalf of the state of Missouri and the Missouri Department of Public Safety, it is my pleasure to present the FY14 Missouri Statewide Drug and Violent Crime Strategy.

Since 1987, the Edward Byrne Memorial Justice Assistance Grant (JAG) Program (formerly known as the Edward Byrne Memorial Formula Grant and Local Law Enforcement Block Grant Programs) continues to be an essential resource in our continuing effort to meet the public safety needs of the state's criminal justice community. The Missouri Department of Public Safety remains committed to assisting criminal justice agencies in making Missouri a safer place. The JAG Program makes it possible for Missouri to aggressively address the many public safety issues associated with illicit drugs and violent crime.

Since the inception of the first statewide drug strategy in 1986, Missouri has implemented many programs focused on drug awareness/education, enforcement, prosecution, and rehabilitation and treatment efforts. These programs have helped improve the quality of life for Missouri's citizens. With the continued funding of the JAG, the Missouri Department of Public Safety will be able to address the current and future needs of the state relating to drugs and violent crime.

The Missouri Department of Public Safety will continue its commitment to coordinate with federal, state and local criminal justice entities in an effort to combat the drug and crime problem in Missouri. We will continue to fund existing programs that are successful and add new programs, as funding becomes available, that will address the problems and needs identified in the strategic planning process. In addition, for the first time in the history of the JAG Program, the Missouri Department of Public Safety has established statewide goals and objectives for drug enforcement projects and is committed to ensuring that the local projects are collaborating with their criminal justice partners and are held to a professional standard.

The Missouri Department of Public Safety remains committed to our vision, "By embracing the challenges of the future, the Department of Public Safety and the law enforcement community working together will provide the protection and service to create a quality of life in which all people feel safe and secure." The JAG Program helps us realize this vision.

Lane J. Roberts, Director
Missouri Department of Public Safety

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**State of Missouri
Department of Public Safety
Office of the Director
Criminal Justice/Law Enforcement Unit**

**Edward Byrne Memorial Justice
Assistance Grant (JAG) Program**

Statewide Drug and Violent Crime Strategy

FY14: July 1, 2013 – June 30, 2014

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SECTION I: Executive Summary

In 1987, the Missouri Department of Public Safety initiated an administrative section within the Office of the Director, whose primary responsibility was to oversee and coordinate the dissemination of federal funding awards made to Missouri. This administrative section was implemented and titled as the Criminal Justice/Law Enforcement Unit (formerly known as the Narcotics Assistance Control Programs or NCAP) in response to the establishment of the federal Edward Byrne Memorial and Local Law Enforcement Assistance Grant Programs authorized by Title I of the Omnibus Crime Control and Safe Streets Act of 1968, 42 U.S.C. 3711 et seq. Additionally, the furtherance of the overall mission of the Missouri Department of Public Safety, as defined in Chapter 650 of the Missouri Revised Statutes, became and continues to be the directive for the CJ/LE Unit. That mission is to provide a safe and secure environment for all individuals, through efficient and effective law enforcement.

Throughout the years, the Missouri Department of Public Safety, through the Criminal Justice/Law Enforcement Unit, has been involved in an on-going effort to identify the criminal justice needs of state and local units of government. As a result of this process, the Criminal Justice/Law Enforcement Unit has provided the financial and technical assistance required to initiate state and local level responses to crime and drug related issues. This response, which parallels the established objectives of the Edward Byrne Memorial Justice Assistance Grant (JAG) Program as outlined by the U.S. Department of Justice - Office of Justice Programs, is the foundation for project initiatives within Missouri. It remains the priority of the Criminal Justice/Law Enforcement Unit to identify state and local initiatives which assist the state of Missouri in the enforcement of drug control or controlled substance laws, initiatives which emphasize the prevention and control of violent crime and serious offenders, and initiatives which improve the effectiveness of the state and local criminal justice system.

In response to decreases in federal JAG funding, the Missouri Department of Public Safety created a “DTF Advisory Group” in August 2013 consisting of representatives from the Missouri Sheriffs Association, Missouri Police Chiefs Association, Missouri Narcotic Officers Association, and Missouri State Highway Patrol. The panel was created to evaluate the successes and shortfalls of funding twenty-six (26) drug task forces and one (1) drug abatement prosecutorial project within the state of Missouri and was tasked to establish statewide goals and objectives for these JAG-funded drug enforcement projects. By ensuring funding awarded to the drug enforcement projects was equitable and warranted, the remaining JAG funds can appropriately be awarded to other criminal justice projects.

In compliance with section 522(a) of the Omnibus Crime Control and Safe Streets Act, the FY14 State Annual Report (SAR), will outline the impact of JAG Program funding on the criminal justice system within the jurisdictions of state and local government. During the reporting period covered in this annual report, July 1, 2013 through June 30, 2014, the Criminal Justice/Law Enforcement Unit provided funding assistance in five (5) authorized purpose areas. The total monetary award for this reporting period was \$4,468,620.21 for which the Criminal Justice/Law Enforcement Unit was able to provide financial assistance to 31 state and local projects through the 2013 JAG funding opportunity, 2 local projects through the 2012 Wrongful Convictions (WC) funding opportunity, and 114 state and local projects through the 2014 Local Law Enforcement Block Grant (LLEBG) funding opportunity.

This level of funding provided financial assistance to 141 Law Enforcement Programs (26 multi-jurisdictional drug task forces and 115 other law enforcement projects), 1 Prosecution & Court Programs, 1 Prevention & Education Program, 1 Drug Treatment Program, and 1 Planning, Evaluation, and Technology Improvement Programs. The total funds expended during this reporting period represent grant awards utilizing JAG Program monies from federal fiscal years 2010, 2011, and 2012.

The Missouri Department of Public Safety, Criminal Justice/Law Enforcement Unit continues to be an essential component of the statewide effort to address violent crime and drugs. Through the JAG Program, Missouri has the financial capability to maintain essential projects that provide needed services for the criminal justice community.

In addition to the initiatives previously described, the Criminal Justice/Law Enforcement Unit places an equally high priority on the development and continuation of projects and partnerships that enhance a state or local unit of government's ability to implement aggressive responses to the public safety needs of their respective service areas. The Criminal Justice/Law Enforcement Unit strives to implement progressive demand reduction, community, multi-jurisdictional, judicial, correctional, analytical and informational-based response strategies to the public safety threats of crime and drugs.

INTRODUCTION

The Missouri Department of Public Safety, Office of the Director manages the distribution of federal funds provided to the State by the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA), Edward Byrne Memorial Justice Assistance Grant (JAG) Program. The unit responsible for the management of these funds is the Criminal Justice/Law Enforcement Unit.

Since 1987, the Edward Byrne Memorial Formula and Local Law Enforcement Block Grant Programs have provided criminal justice agencies with financial resources to confront drugs and violence. In FY2005, the Edward Byrne Memorial Justice Assistance Grant (JAG) Program blended the previous Edward Byrne Memorial Formula (Byrne) and Local Law Enforcement Block Grant (LLEBG) Programs in an effort to streamline justice funding and grant administration. However, the Missouri Department of Public Safety continues still today to award the less than \$10,000 allocation under the program name LLEBG for the sole purpose of purchasing officer safety related equipment.

The Missouri Department of Public Safety, Office of the Director is committed to assisting state and local efforts to make Missouri a safer place. Dealing head-on with illicit drugs and violent crime is critical to this effort and federal grant monies make this possible. As a result, the Missouri Department of Public Safety has always undertaken a comprehensive approach to utilizing the JAG Program dollars. Enforcement/interdiction, prevention/education, treatment, criminal litigation, improving criminal history records, and improving statewide illicit drug and violent crime data are a few of the focus areas for the FY14 Strategy. By addressing these issues, we believe we can receive the most benefit for the citizens of Missouri.

Since the beginning of Byrne/JAG funding in 1987, the Missouri Department of Public Safety, Criminal Justice/Law Enforcement Unit has developed a comprehensive strategic approach to the drug and violent crime problems facing Missouri. Beginning in FY14, the Missouri Department of Public Safety began re-evaluating its previous strategic approach and made changes as deemed necessary to ensure the JAG dollars are awarded based on effectiveness and not just legacy. The FY14 Strategy is an overview of the four-year plan.

The State of Missouri has, and will continue to, build on past years' successes by supporting effective programs, which are committed to the overall objectives of a safer Missouri. The Missouri Department of Public Safety, Criminal Justice/Law Enforcement Unit will continue to evaluate the effectiveness of each state and local program receiving federal money to ensure that the goals and objectives of each program are addressing the needs of Missouri citizens.

The Missouri Department of Public Safety, Criminal Justice/Law Enforcement Unit is responsible for development and administration of the JAG Program. This responsibility is conducted in accordance with RSMO 650.005.6, which provides all powers, duties, and functions for administering federal grants, planning, and the like related to Public Laws 90-351 through 90-455 and related acts of Congress be assumed by the Director of Public Safety. The JAG Program is entering its 27th year of funding.

SECTION II: Data and Analysis

INTRODUCTION

The Missouri Department of Public Safety (DPS) has undertaken a comprehensive approach to utilizing JAG federal grant dollars to address the illicit drug problem in the state. Enforcement/interdiction, prevention/education, treatment, criminal litigation, improving criminal history records, and improving statewide illicit drug and violent crime data are a few of the Department's focus areas. It is believed Missouri citizens can receive the most benefit by addressing these issues.

Illicit drug use and demand drive the impact of drugs and their industries in Missouri. Because of this relationship, an analysis of illicit drug use is critical for an assessment of Missouri's drug problem. The demographic characteristics, perceived risk, emergency room and treatment trends, regional variance, and prevalence by young persons are assessed for marijuana, cocaine/crack cocaine, methamphetamine, heroin/opiates, hallucinogens, and other illicit drug use.

DATA SOURCES

In order to make a statewide assessment of drug use, analyses were conducted of drug treatment data stored in the Customer Information Management Outcomes and Reporting (CIMOR)¹ system maintained by the Missouri Department of Mental Health (DMH). This system captures data on clients admitted to 268 State-supported treatment facilities for alcohol and drug abuse dependency problems. As part of the CIMOR data collection effort, drugs which clients abuse (up to three: primary, secondary, tertiary) are captured. Patterns of illicit drug use, demographic profiles of users, and trends were analyzed with CIMOR data. In 2013, 27,829 clients were admitted for treatment of illicit drug use. A total of 44,221 illicit drugs were mentioned by these clients. Of these, 21,881 illicit drugs were mentioned by clients as primary contributors to their abuse problems.

Another information system used to assess illicit drug use was the Patient Abstract Information System² maintained by the Missouri Department of Health and Senior Services (DHSS). This information system captures data on patients admitted to licensed hospitals in the state including cases handled through hospital emergency rooms. Data were obtained on all patients admitted to these facilities from 2007 through 2012 where use of illicit drugs was mentioned as part of their diagnosis.

Data from a statewide survey also were analyzed to identify the extent of drug use in Missouri. The DMH Missouri Student Survey³ was used to identify marijuana, cocaine, methamphetamine, and hallucinogens use by Missouri sixth, ninth, and twelfth grade students. Trends of use were analyzed from 2006 through 2012 for these drugs.

The societal impact of drug use in Missouri is manifested in many ways. A significant impact is seen in the resources and effort expended by the criminal justice system to control the problem. To assess this impact, trends and types of drug arrests, criminal laboratory cases, juvenile court referrals, and incarcerated persons were analyzed. Drug use also impacts the health care system in Missouri. Unfortunately, no single data source or indicator could be relied on to provide a definitive assessment of these problems and their impact on Missouri's citizens. Instead, this study was based on data from existing federal, state, and local information systems primarily associated with law enforcement, juvenile justice, corrections, and public health agencies.

To identify illicit drugs' societal impact, several data sources were analyzed. Law enforcement's response to illicit drugs in Missouri was analyzed using Uniform Crime Reporting (UCR)⁴ arrest data. An analysis of DPS' Crime Laboratory Quarterly Report System⁵ data describing drug cases processed by Missouri crime laboratories were analyzed to identify the impact on criminal justice service agencies. Juvenile Court Information System⁶ data describing referrals of juveniles for drug violations were analyzed to identify the impact of drugs on Missouri's

juvenile justice system. Illicit drugs' impact on the state's penal system was identified through analysis of Department of Corrections (DOC) Offender Management Information System⁷ data for clients incarcerated for drug violations.

Illicit drugs impact the state's health infrastructure and public health of Missouri citizens. Analysis of DHSS hospital admission data describing persons diagnosed with illicit drug-related health problems identified the impact on Missouri's hospital infrastructure. An analysis of Missouri Bureau of HIV, STD, and Hepatitis⁸ data describing cases involving HIV/AIDS contracted through illicit drug use identified the impact on state supported facilities that care for HIV afflicted persons.

The illicit drug industry also has an impact on Missouri's economy and the criminal justice system. To determine the extent of drug industries in the state, an analysis was conducted of data contained in the Multi-Jurisdictional Drug Task Force (MDTF) Quarterly Report Information System⁹ supported under the Edward Byrne Memorial Justice Assistance Grant (JAG). These reports request information on trends in quantity and estimated street value of drugs seized as well as types of drug cases and arrests processed. Reliance also was placed on information collected in DPS' Crime Laboratory Quarterly Report System⁶. Data in this system provides information related to trends in illicit drug case processing as well as identification of new illicit drug types coming on the scene or older ones experiencing a rejuvenation of use.

This study also utilized data collected in the 2014 Missouri MDTF Drug Industry Survey¹⁰ to identify the extent of drug industries. In this survey, representatives or points of contact were requested to identify drug industries causing significant problems in their jurisdictions and to provide detailed profiles on those drug industries considered to be major or moderate problems in their operational area. Seriousness and locations of each industry, demographic characteristics of industry participants, and organization levels were analyzed to assess drug industries in the state. An analysis of marijuana cultivation and methamphetamine clandestine laboratories was conducted to determine the trends and extent of illicit drug production within the state. An analysis of interstate distribution and trafficking was conducted to determine trends and extent of foreign produced illicit drugs sold in Missouri and trafficked across the state roadways. Distribution and point-of-sale drug trafficking was analyzed to identify the extent of illicit drug sales in Missouri. This analysis included distribution and sale of marijuana, cocaine/crack cocaine, methamphetamine, heroin/opiates, hallucinogens, ecstasy and designer drugs, pharmaceutical drugs, and drugs new to Missouri's illicit market.

Substantial reliance was also placed on research at the federal level to provide additional insights into drug industry problem areas. Most helpful were the National Drug Intelligence Center (NDIC) publications *National Drug Threat Assessment 2010*¹¹ and *Midwest High Intensity Drug Trafficking Area*¹². Also, *Street Drugs*¹³, a drug identification guide was utilized for invaluable updated drug information.

A final level of analysis consisted of viewing illicit drug problems on a regional basis. Results of this analysis were incorporated into both the assessment of the nature and extent of illicit drug use and impact of this use. Reliance was placed on viewing these problem areas based on Metropolitan Statistical Areas (MSAs). MSAs are developed by the U.S. Bureau of Census and were defined as areas having a large population nucleus together with adjacent communities having a high degree of economic and social integration with that nucleus. For this report, MSA boundaries are modified to include counties within drug task force jurisdictions which cover counties outside of Bureau of Census boundaries. Missouri's seven MSAs, modified to include adjoining task force counties, are: St. Louis MSA which consists of ten counties and the City of St. Louis; the Kansas City MSA which consists of ten counties; the Columbia MSA with three counties; the Springfield MSA consisting of nine counties; the Joplin MSA consisting of five counties; and the St. Joseph MSA with twelve counties. For regional analysis, the remaining sixty-four counties were grouped together and entitled Non-MSA Region.

Prior to discussing findings of this assessment, it is worthwhile to describe Missouri's population and geographical characteristics. Missouri covers an area of 68,886 square miles. It is approximately 270 miles from east to west

and 310 miles from north to south. Missouri has two very large urban population centers, a number of smaller urban population centers, and vast rural areas all representing diverse cultures and life-styles.

Missouri's 2013 population was estimated by the US Bureau of Census to be over 6.0 million. Of Missouri's total population, over one-half live in the two largest MSAs, 33.4% in the St. Louis MSA and 16.3% in the Kansas City MSA. Five MSAs contain 15.1% of the population while the Non-MSA regions of the State account for 35.2% of the total.

ILLICIT DRUG USE IN MISSOURI

The illicit drug problem in Missouri is well recognized by its citizens. In a public opinion survey conducted by the Missouri State Highway Patrol in 2011¹⁴, Missouri citizens were asked to rank several social issues facing the United States. These social concerns were ranked in the following order from most to least problematic: crime; economy; public education; health care; drug abuse; homeland defense/security; illegal immigration; alcohol abuse; taking care of needy and elderly; and environment damage.

This section contains an assessment of seven types of illicit drugs currently used in the state. These include: marijuana, cocaine / crack, methamphetamine, heroin / opiates, hallucinogens (LSD, PCP, mescaline, psilocybin, etc.), ecstasy, and other types of drugs. The Department of Mental Health¹⁵ provides a list of contacts and places where treatment is available for the above drug (<http://dmh.mo.gov/ada/help.html>).

Marijuana

Marijuana is one of the most abused drugs in the nation and the state. The 2012 National Survey on Drug Use and Health indicates 18.9 million persons in the nation had used marijuana in the past month, which was the most commonly used illicit drug in that year. In 2012, the Missouri Department of Health and Senior Services recorded 31,627 illicit drug mentions during client admissions to in-state hospitals for medical treatment. In the diagnosis of 8,374 patients, marijuana was mentioned as a factor. In 2012, marijuana accounted for 26.5% of all illicit drug mentions by patients admitted for medical treatment. It was the second most diagnosed drug associated with statewide hospital admissions in 2012. Marijuana was the greatest contributing factor to people seeking treatment for illicit drug abuse and dependency. The Missouri Department of Mental Health states that in 2013, 27,829 clients were admitted to State-supported facilities for use of one or more illicit drugs and a total of 21,881 primary drug mentions were made by these clients. Marijuana contributed to the primary drug abuse problem of 8,026 clients, or 36.7% of all primary drug mentions. A greater proportion of marijuana mentions are associated with drug dependency and treatment centers than hospital admissions. This may indicate marijuana has a greater direct effect on a person's socio-psychological well-being as compared to their physical health.

Marijuana is used by all demographic groups in Missouri. Of the 8,026 clients in treatment programs who indicated marijuana as a problem, 70.9% were male and 29.1% were female (Table 1). In addition, 66.4% were Caucasian, 28.0% were African American, and 5.6% were of another race. The majority of clients were 17 years of age and older (81.1%) while 18.9% were 16 years of age or younger.

Table 1
Mentions of Drugs in Drug Treatment Admissions
by Client Demographic Characteristics and Drug Type
2013

	<u>Marijuana</u>	<u>Cocaine</u>	<u>Methamphetamine</u>	<u>Heroin / Opiates</u>	<u>Hallucinogens</u>	<u>Other Drugs</u>
<u>Gender</u>						
Male	70.9%	60.6%	52.1%	56.5%	53.3%	49.9%
Female	29.1%	39.4%	47.9%	43.5%	46.7%	50.1%
<u>Race</u>						
Caucasian	66.4%	27.0%	95.4%	73.6%	55.4%	92.1%
African American	28.0%	68.4%	1.7%	23.4%	41.9%	2.6%
American Indian	0.3%	0.2%	0.2%	0.1%	0.0%	0.2%
Other	5.3%	4.3%	0.0%	2.9%	2.7%	5.1%
<u>Age Group</u>						
16 Years & Younger	18.9%	0.7%	1.1%	0.8%	4.2%	11.7%
17 Years & Older	81.1%	99.3%	98.9%	99.2%	95.8%	88.3%

Marijuana seems to be Missouri's youth drug of choice compared to other illicit drugs. The average age of clients receiving treatment for illicit drug use in 2013 was 31.4 years. However, for the 8,026 treatment clients with a marijuana problem, the average age was 27.1 years. Clients with a marijuana problem first used it at a younger age than clients first used other illicit drugs. The average age of treatment clients' first use of marijuana was 14.6 years compared to 19.4 years for clients' first use of other illicit drugs.

Trend analyses were conducted identifying patterns of marijuana effects in the state since 2007. The number of persons admitted to hospitals diagnosed with marijuana as a contributing factor has continually increased since 2007 (Figure 1). Marijuana mentions in hospital admissions increased 12.3% from 2010 to 2011; and by 2.0% in 2012. Although hospital emergency room marijuana mentions are increasing, treatment of persons with primary marijuana problems is decreasing. Primary marijuana mentions in state-supported clinical treatment have continually decreased since 2009. From 2009 to 2013, marijuana mentions in clients' treatment decreased from 11,131 to 8,026. The number of marijuana mentions decreased 15.7% from 2011 to 2012, and 6.1% from 2012 to 2013.

Figure 1
Marijuana Abuse Emergency Room Diagnoses
and Treatment Admission Mentions
2007 - 2013



A regional analysis was conducted based on hospital inpatients and outpatients receiving treatment for drug abuse in 2012. The greatest number of marijuana mentions given in hospital admissions was found to be regionally distributed. Patients in the Columbia MSA mentioned marijuana most often during hospital emergency room admissions. Of all hospital admissions in each region, 33.8% of all mentions in the Columbia MSA were for marijuana. Patients admitted to hospitals in the Kansas City MSA mentioned marijuana in 31.8% of all region admissions. This was followed by patients in the Joplin MSA (26.5%), St. Louis MSA (25.8%), Rural Non-MSA (24.4%), Springfield MSA (19.8%), and St. Joseph MSA (18.5%).

A statewide survey conducted by the Missouri Department of Mental Health indicates marijuana is often used by Missouri's youth. This survey identifies the proportion of Missouri students in sixth to ninth, and ninth to twelfth grades that have used marijuana in their lifetime (Table 2). Marijuana use significantly increases from sixth, ninth, and twelfth grades. By the twelfth grade lifetime marijuana use is nearly double that of ninth grade students. Lifetime marijuana used by all three grades has not changed significantly during the four years of the survey. Twelfth grade students' lifetime use has remained near 40% from 2006 to 2012, and ninth grade students' lifetime marijuana use has decreased slightly from 20.1% in 2006 to 18.2% in 2012.

Table 2
Missouri Student Lifetime Marijuana Use
2006 - 2012

	<u>2006</u>	<u>2008</u>	<u>2010</u>	<u>2012</u>
6th Grade	2.2%	2.8%	1.8%	1.7%
9th Grade	20.1%	18.9%	18.8%	18.2%
12th Grade	40.6%	38.3%	39.2%	40.7%

Cocaine

Cocaine abuse is significant in Missouri and the country. The National Survey on Drug Use and Health estimates 1.6 million persons aged 12 and older in the U.S. currently use cocaine, or 0.6% of the national population. Cocaine was often diagnosed in Missouri hospital admissions in 2012. In that year, the DHSS recorded 2,850 patients admitted for cocaine related emergencies. Cocaine was mentioned as a factor in 9.0% of all illicit drug mentions diagnosed in 2012 Missouri hospital admissions. Cocaine was also a contributing factor for many persons seeking treatment for illicit drug abuse and dependency. The DMH states that in 2013, 27,829 clients were admitted to state supported facilities for use of one or more illicit drugs and a total of 21,881 primary drug mentions were made by these clients. Cocaine was mentioned by 1,536 clients as a contributor to their drug abuse problem, or seven percent of all primary drug mentions.

A highly disproportionate number of females and African Americans used cocaine compared to other major types of illicit drugs. In 2013, over one-third (39.4%) of the 1,536 clients having a cocaine dependency problem admitted to state supported treatment programs were female (Table 1). Of these same clients, 68.4% were African American and 27.0% were Caucasian. Nearly all of the clients were 17 years of age or older (99.3%).

Compared to other illicit drugs, cocaine is a drug of choice by older adults in Missouri. The average age of clients receiving treatment for cocaine in 2013 was 43.5 years as compared to an average age of 31.4 years for clients' treatment of any illicit drug. In addition, clients with a cocaine problem first used it at an older age than clients first used other illicit drugs. The average age of clients' first use of cocaine was 25.1 years compared to 19.4 years for clients' first use of any illicit drug.

Figure 2
Cocaine Abuse Emergency Room Diagnoses
and Treatment Admission Mentions
2007 - 2013



Trend analyses were conducted identifying patterns of cocaine use in Missouri over the past several years. When examining these trends, it is apparent that use of cocaine is decreasing in the state. As seen in Figure 2, the number of cocaine mentions by persons admitted to hospitals decreased 52.6% from 2007 to 2009. However, cocaine mentions in hospital admissions increased by 9.7% from 2009 through 2011. Cocaine mentions again decreased by 25.2% to 2,850 in 2012. A decreasing trend in cocaine use is also seen in the number of people seeking treatment in state supported facilities for primary problems with cocaine. Cocaine mentions in clients' treatment have declined 72.5%

from 5,588 in 2007 to 1,536 in 2013. Most recently the number of cocaine mentions was reduced by 17.3% in 2013.

A regional analysis conducted of patients admitted for drug related emergencies at Missouri hospitals in 2012 found cocaine use to be greater in large urban MSAs and metropolitan centers. Of all drug mentions given in regional hospital admissions, the Columbia MSA had the greatest proportion for cocaine (15.7%), followed by the St. Louis MSA (12.8%), and Kansas City MSA (10.9%). Cocaine mentions in hospital admissions in St. Joseph MSA counties attributed for 5.8% of all drug mentions in that region, followed by Rural Non-MSA (3.6%) and Springfield and Joplin MSA counties (2.6% each).

An analysis of cocaine ingestion methods by clients receiving drug abuse treatment in 2013 at state-supported facilities indicated most users smoke cocaine. Of all cocaine mentions given by clients receiving state supported treatment, 78.5% were administered by smoking. Another 15.1% of cocaine mentions were associated with cocaine inhalation, 3.4% were administered by IV injection, and 2.7% were orally ingested. Because crack cocaine is typically smoked, these proportions suggest the most common form of cocaine used by clients in state supported treatment was crack cocaine.

Table 3
Missouri Student Lifetime Cocaine Use
2006 Through 2012

	<u>2006</u>	<u>2008</u>	<u>2010</u>	<u>2012</u>
6th Grade	0.8%	0.8%	0.4%	0.6%
9th Grade	2.2%	3.1%	1.7%	1.5%
12th Grade	5.3%	5.2%	5.0%	3.8%

A DMH statewide school survey indicates cocaine is used by a significant proportion of Missouri's youth (Table 3). The proportion of Missouri twelfth grade students who used have used cocaine in their lifetime was 5% or more from 2006 through 2008. Although this proportion has decreased in 2012 to 3.8%, cocaine use by youth remains a problem in the state. The proportion of ninth grade students that have used cocaine in their lifetime has also decreased from 2008 through 2012.

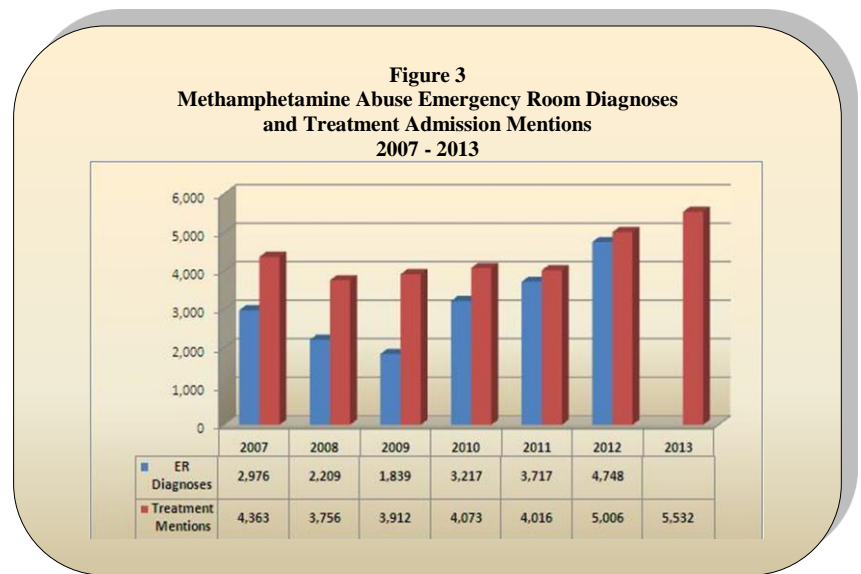
Methamphetamine

Methamphetamine and amphetamine are frequently abused in Missouri. The National Survey on Drug Use and Health estimates 440,000 persons in the U.S. use methamphetamine, or 0.2% of the national population. A total of 31,627 illicit drug mentions were recorded by the DHSS during patient admissions to instate hospitals for medical treatment in 2012. In the diagnosis of 4,748 patients, methamphetamine and amphetamine also were mentioned as a factor in 15.0% of all illicit drugs diagnosed in 2012. These drugs were the third most diagnosed drugs associated with statewide hospital admissions in 2012. Methamphetamine and amphetamine were a contributing factor for people seeking treatment for illicit drug use. The DMH states that a total of 27,829 clients were admitted for use of one or more illicit drugs to state supported facilities in 2013 and 21,881 primary drug mentions were made by these clients. Methamphetamine and amphetamines contributed to the drug abuse problem of 5,532 treatment clients, or 26% of all primary drug mentions.

Missouri methamphetamine and amphetamines are disproportionately used by the state's Caucasian adult population. Of the 5,532 clients in treatment programs with methamphetamine or amphetamine problems, 52.1% were male and 47.9% were female (Table 1). Of all clients with a primary methamphetamine or amphetamine problem, 95.4% were Caucasian and 98.9% were aged 17 years and older.

The average age of people seeking drug treatment for methamphetamine and amphetamine abuse in 2013 was slightly older than the average age of clients receiving treatment for other illicit drugs. The average age of clients receiving treatment for illicit drugs in 2013 was 31.4 years while the average age of clients with a methamphetamine or amphetamine problem was 32.9 years. Also, clients with a methamphetamine or amphetamine problem first used them at a slightly older age than clients first used any illicit drugs. The average age of clients' first use of methamphetamine or amphetamines is 20.5 years compared to 19.4 years for clients' first use of any illicit drug.

As indicated by hospital and treatment admissions, methamphetamine and amphetamine use appears to be increasing in Missouri at alarming rates. From 2009 to 2012, the number of persons admitted to hospitals diagnosed with methamphetamine or amphetamine increased from 1,839 to 4,748, or a 158% increase (Figure 3). The number of persons seeking primary drug treatment in state supported facilities for methamphetamine and amphetamine remained fairly constant from 2008 to 2011 but has since greatly increased. From 2011 to 2013, the number of persons in state supported treatment centers for methamphetamine and amphetamine increased 37.7% from 4,016 to 5,532 persons.



A regional analysis of patients admitted to Missouri hospitals for drug related emergencies in 2012 indicates the greatest number of methamphetamine mentions given in hospital admissions occurs in smaller Missouri MSAs. Of all illicit drug mentions given in Joplin MSA hospital admissions, were for methamphetamine or amphetamine, and 24.4% of mentions in the Springfield MSA hospital admissions for these drugs. Other regions in the state also had a significant proportion of methamphetamine and amphetamine mentions given in hospital admissions. Patients in Kansas City MSA admissions mentioned these drugs in 21.2% of all mentions in that region, followed by Rural Non-MSA (21.2%), St. Joseph MSA (18.2%), Columbia MSA (10.4%), and St. Louis MSA (4.4%) counties.

An analysis was conducted of methamphetamine and amphetamine ingestion methods used by clients receiving drug abuse treatment in 2013 at state supported facilities. Of the 5,532 clients having a problem with these drugs, 43.8%

of all methamphetamine or amphetamines mentions were associated with smoking, 41.8% were from intravenous drug injection, 8.5% were associated with inhalation, and five percent were from oral ingestion of methamphetamine or amphetamine.

A DMH statewide school survey indicates methamphetamine use by Missouri's youth is decreasing (Table 4). The proportion of Missouri ninth graders that have used methamphetamine in their lifetime decreased from 3% in 2006 to 1.2% in 2012. Similarly, the proportion of twelfth graders that have used methamphetamine in their lifetime decreased from seven percent in 2006 to two percent in 2012.

Table 4
Missouri Student Lifetime Methamphetamine Use 2006 - 2012

	<u>2006</u>	<u>2008</u>	<u>2010</u>	<u>2012</u>
6th Grade	0.7%	0.5%	0.4%	0.9%
9th Grade	3.0%	4.5%	0.7%	1.2%
12th Grade	7.0%	4.9%	1.2%	2.0%

Heroin/Opiates

Heroin use in the U.S. affects a significant portion of the population and is increasing. The number of heroin users nearly doubled from 373,000 in 2007 to 669,000 in 2012. Like the country, heroin and opiate use is a serious problem in Missouri. In 2012, 14,292 patients were admitted to hospitals for medical treatment related to opiate or heroin use and these drugs were mentioned as a factor in 45.2% of all illicit drug. Heroin and opiates were also a contributing factor for many persons seeking treatment for illicit drug abuse and dependency. In 2013, 27,829 clients were admitted to state supported facilities for use of one or more illicit drugs and a total of 21,881 primary drug mentions were made by these clients. Heroin and opiates were mentioned by 5,689 clients as a contributor to their drug abuse problem, or 25.9% of all primary drug mentions.

Heroin and opiate users are typically Caucasian or African American adults of both genders. Of the 5,689 clients in treatment programs with a heroin or opiate problem, 56.5% were male and 43.5% were female. In addition, 73.6% were Caucasian, 23.4% were African American, and 3.0% were American Indian or another race. This agrees with results reported by the National Institute on Drug Abuse, which indicates Caucasian males make up the biggest portion of heroin related deaths, followed by African American males. DMH data shows clients aged 17 years and older accounted for 99.2% of all clients while those 16 years or younger accounted for just 0.8% of all clients.

The average age of clients receiving treatment for heroin or opiates in 2013 was 32.7, only slightly older than the 31.4 year of age of clients receiving treatment for all drugs. However, clients with a heroin or opiate problem first used it at an older age than clients first used other illicit drugs. The average age of clients' first use of heroin or opiates is 22.8 years compared to 19.4 years for clients' first use of all illicit drugs.

Figure 4
Heroin and Opiate Abuse Emergency Room Diagnoses
and Treatment Admission Mentions
2007 - 2013



When examining hospital admissions and drug treatment trends in heroin and opiate use in Missouri, it is apparent that use of these drugs has continually increased in recent years. The number of persons admitted to hospitals diagnosed with heroin or opiates as a contributing factor increased 68.5% from 8,481 in 2007 to 14,292 in 2012 (Figure 4). The number of persons receiving treatment in state supported facilities for primary problems with heroin and opiates has also increased in recent years. Heroin and opiate treatment admissions increased 90.8% from 2,981 in 2007 to 5,689 in 2013.

A regional analysis of persons admitted to Missouri hospitals for illicit drug abuse in 2012 indicated the greatest number of heroin and opiate mentions given in hospital admissions in 2012 occurred in the St. Louis MSA counties. Of all illicit drug mentions in St. Louis hospital admissions, 54.8% were for heroin or opiates. Patients in Springfield MSA admissions mentioned these drugs in 47% of all illicit drug mentions in that region, followed by Non-MSA patients (46%), Columbia MSA patients (36.3%), Joplin MSA patients (35.2%), Kansas City MSA patients (32.4%), and St. Joseph MSA patients (22%).

To determine preferred ingestion methods, routes of heroin and opiate administration methods used by clients receiving drug abuse treatment in 2013 at state-supported facilities were analyzed. Of the 5,689 clients having a problem with these drugs, 54.7% of all mentions of these drugs were associated with intravenous injection. Another 22.8% of all mentions of these drugs were from oral ingestion, 20.2% were associated with heroin or opiate inhalation, and 1.5% was from smoking these drugs.

A statewide survey conducted in 2012 by the DMH indicates a small, but significant, number of Missouri students in sixth through twelfth grade have used heroin in their lifetime. Of these Missouri students, 0.9% have used heroin in their lifetime as compared to 0.2% of the nation's students in the same grades.

Hallucinogens

Hallucinogen use is a larger problem in the nation than in Missouri. According to estimates by the National Survey on Drug Use and Health, in 2012, 1.1 million persons aged 12 or older had used these drugs in the past month. As indicated by hospital admissions and treatment entries, hallucinogens are used in Missouri less than other discussed illicit drugs. In 2012, a total of 31,627 illicit drug mentions were recorded by the DHSS by patients admitted to in-state hospitals. In these admissions, 171 patients mentioned problems with hallucinogens, or 0.5% of all hospital illicit drug mentions. Hallucinogens are also a minor contributing factor for people seeking treatment of illicit drug use compared to other drugs. In 2013, 21,881 primary drug mentions were made by 27,829 clients admitted for treatment to state-supported facilities for use of one or more illicit drugs. Hallucinogens contributed to the drug abuse problem of 527 clients, or 2.4% of all primary drug mentions.

Caucasians and African Americans of both genders use hallucinogens. Of all mentions of these drugs by clients in state supported treatment, 53.3% were male and 46.7% were female. Of these same drug mentions, 55.4% were by Caucasians and 41.9% were by African Americans. The average age of clients receiving treatment for illicit drugs in 2013 was 31.4 years while the average age of the 527 clients with a hallucinogen problem was 32.8 years. The average age of clients' first use of hallucinogens was 22.5 years compared to the average age of 19.4 years for clients' first use of other drugs.

The number of persons admitted to hospitals diagnosed with hallucinogens as a contributing factor to drug abuse has remained fairly constant during recent years (Figure 5). In 2011, however, hallucinogen mentions in hospital admissions increased to 202 mentions. The number of persons admitted to state supported facilities for treatment of primary problems with hallucinogens increased 133% from 203 in 2007 to 473 in 2008. Since 2008 the number of hallucinogen mentions by persons receiving drug treatment has remained fairly constant through 2013.

Figure 5
Hallucinogens Abuse Emergency Room Diagnoses
and Treatment Admission Mentions
2007 - 2013



A regional analysis of persons admitted to hospitals for illicit drug problems in 2012 indicated hallucinogen mentions given in hospital admissions was nearly the same in all MSA types. One percent or less of all regional drug mentions by patients admitted to hospitals was recorded in each MSA.

Two methods of drug administration are associated with hallucinogen use. Of the mentions of these drugs given by 527 clients having a primary problem with these drugs, 53.7% were associated with oral ingestion and 40.6% were from smoking. Another 2.8% of these mentions were associated with intravenous injection and 2.5% were from inhalation.

A DMH statewide school survey indicates hallucinogen use Missouri's older youth is increasing (Table 5). The proportion of Missouri twelfth graders that have used hallucinogens in their lifetime increased from 5% in 2006 to 7.5% in 2012.

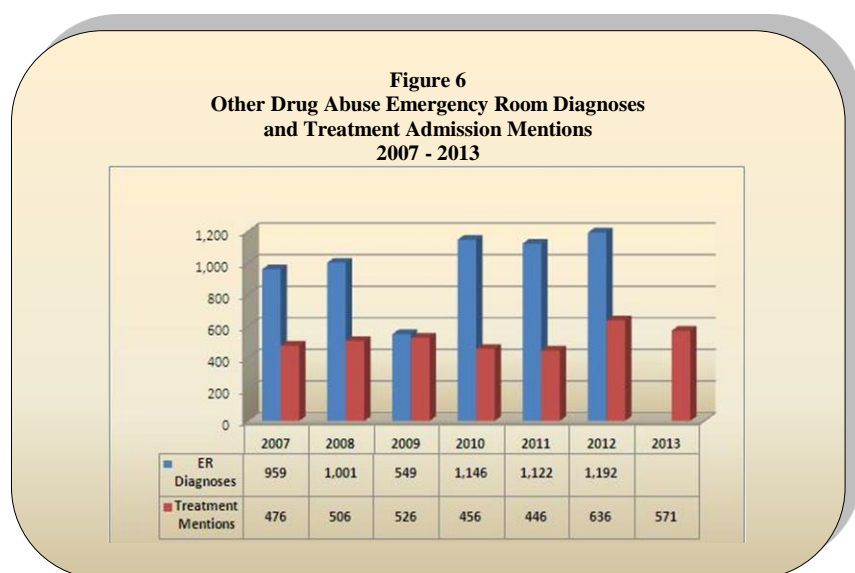
Table 5
Missouri Student Lifetime
Hallucinogen Use
2006 - 2012

	2006	2008	2010	2012
6th Grade	0.4%	0.4%	0.4%	0.6%
9th Grade	1.9%	3.7%	4.0%	2.7%
12th Grade	5.0%	5.7%	7.7%	7.5%

Other Illicit Drugs

Other illicit drugs include inhalants, sedatives, barbiturates, tranquilizers, benzodiazepines, and other psychotherapeutic drugs used non-medically or without a prescription. The National Survey on Drug Use and Health estimates 2.6% of the 2012 U.S. population aged 12 or older used prescription type psychotherapeutic drugs non-medically in the past month. Use of these drugs in Missouri is probably similar to the U.S. prevalence. In 2012, a total of 31,627 illicit drug mentions were recorded by the DHSS during emergency room admissions of persons to hospitals. In the diagnosis of 1,192 patients, drugs in this general group were mentioned as a factor, or 3.8% of all drug mentions given in hospital admissions. Non-medical use of psychotherapeutic drugs is a less significant contributing factor for people seeking treatment for illicit drug than marijuana, cocaine, or heroin and opiates. The DMH recorded 21,881 primary drug mentions by 27,829 clients admitted for use of one or more illicit drugs to state supported facilities in 2013. In that year, 571 mentions of non-medical use of psychotherapeutic drugs were made by clients seeking state supported drug treatment, or 2.6% of all primary drug mentions.

Male and female Caucasians most commonly seek treatment in state supported facilities for problems with psychotherapeutic drugs. Of all mentions of these drugs given by clients in state supported treatment centers, 49.9% were by males and 51.1% were by females (Table 1). Of these same client mentions, 92.1% were made by Caucasians. Nearly twelve percent of mentions of these drugs by clients seeking treatment were 16 years or younger.



As indicated by trends of hospital emergency room admissions and clients in treatment for psychotherapeutic drugs, the use of these drugs is slightly increasing. The number of persons admitted to hospitals diagnosed with illicit inhalants, sedatives, barbiturates, tranquilizers, or benzodiazepines as a contributing factor to their medical problem increased 24.3% from 959 mentions in 2007 to 1,192 in 2012 (Figure 6). The number of persons seeking treatment in state-supported facilities for primary problems with these drugs also appears to be slowly increasing. In 2007, the number of persons seeking treatment for inhalants, sedatives, barbiturates, tranquilizers, and

benzodiazepines was 476, but increased 20% to 571 mentions in 2013.

The number of other drug mentions given in hospital admissions in 2012 was found to be similar in all regions of the state except for the St. Joseph MSA. Of all drugs mentioned in 2013 regional emergency room hospital admissions, 35.5% of all drug mentions in St. Joseph MSA hospital admissions were for psychotherapeutic drugs. In all other regions of the state mentions of these drugs in hospital admissions accounted for less than five percent of all drug mentions.

IMPACT OF ILLICIT DRUG USE

Illicit drug use has a major impact on Missouri's criminal justice and health care systems. The enactment of legal sanctions for use of these drugs is one of the primary ways society attempts to control and reduce this problem. A substantial amount of resources and effort has been expended by the criminal justice system in detection, apprehension, conviction, and incarceration of illicit drug users as well as those associated with illicit drug

industries. Illicit drug use also has an impact on the health care system, including hospitals and treatment centers in the state. Serious diseases and complications can result from drug use such as HIV and AIDS.

Criminal Justice System

Drug arrests in Missouri continually decreased from 2007 through 2011 but have increased in subsequent years (Figure 7). The number of drug arrests decreased 32% from 40,315 arrests in 2007 to 27,426 in 2011. Drug arrests then increased 35.8% in 2012 when 37,246 drug arrests were made. In 2013, the number of drug arrests increased again by less than one percent to 37,593 drug arrests.

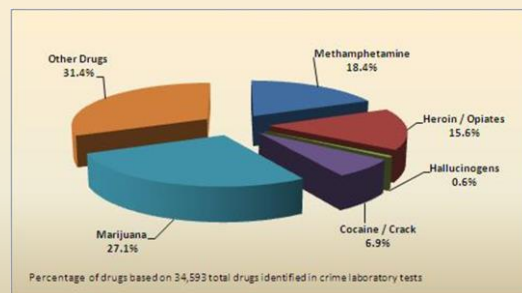
The number of possession and sale or manufacture drug arrests made by law enforcement agencies is indicative of the demand for illicit drugs. In 2013, 37,593 drug arrests were made by Missouri law enforcement agencies. Of these arrests, 32,765, or 87.2%, were for drug possession. Another 4,828 arrests (12.8%) were for sale or manufacture of drugs.

To support drug enforcement by the criminal justice system, a large number of evidentiary samples were tested by Missouri crime laboratories to identify illicit drugs. An analysis of cases processed by Missouri crime laboratories identifies what proportion of their case load resulted in detection of illicit drugs. Of the 27,901 samples tested for drugs by Missouri crime laboratories, 25,358 (90.9%) resulted in detection of one or more illicit drugs. Illicit drug case loads processed by Missouri crime laboratories have fluctuated over the past few years. Crime laboratory cases with identified illicit drugs decreased 18.8% from 25,842 in 2007 to 20,992 in 2010. Since 2010, the number of cases with identified illicit drugs increased 20.8% to 25,358 cases in 2013 (Figure 8).

Figure 8
Cases Processed by Missouri Crime Laboratories
with Drugs Identified
FY 2006 - FY 2013



Figure 9
Illicit Drugs Identified in Missouri Crime Laboratory Cases
FY 2013



In FY13, Missouri crime laboratories identified 34,593 incidents of drugs in cases not involving clandestine labs. Because more than one drug may be found in a sample analyzed by crime laboratories, the number of incidents of drugs is greater than the number of tested drug samples. In incidents of drugs, marijuana was the most frequent drug type identified, accounting for 27.1% of all identified illicit drugs (Figure 9). Of these same laboratory results, methamphetamine was found in 18.4% of the drug incidents and heroin or opiates were found in 15.6% of the incidents.

Youth involvement with drugs is a serious problem for Missouri's juvenile justice system. An analysis of data of Juvenile Court Referral Information Systems data indicated 29,695 referrals were made by juvenile courts in 2012. Of these referrals, 2,266, or 7.6%, involved a dangerous drug law violation. In addition, 28.9% of all dangerous drug violations were for drug sale and distribution and 71.1% were for drug possession. Except for a slight increase in 2011, youth referrals for dangerous drugs continually decreased from 2007 through 2012 (Figure 10). From 2007 to 2012 dangerous drug referrals of youth decreased 23.9%.

One of the most severe sanctions societies can impose on illicit drug users and illicit drug industry law violators convicted of such offenses is incarceration. In Missouri, a substantial amount of state penal institutions' resources and facilities have been devoted to incarcerating drug law violators. An examination of trends associated with incarcerated drug law violators indicates the number of incarcerated drug violators decreased 58.5% from 6,153 in 2007 to 2,556 in 2008. Since 2008, the number of new drug violation admissions has slowly increased each subsequent year to 3,112 admissions in 2013 (Figure 11).

Health Care System

In many cases, illicit drug use results in adverse physical and psychological reactions causing the person to require medical treatment. To identify the impact on health care in Missouri, an analysis was conducted of data describing hospital admissions for illicit drug diagnoses. Of the 31,627 illicit drugs diagnosed in hospital admissions in 2012, heroin or opiates were most frequently identified. These drugs accounted for 45.2% of all illicit drug hospital diagnoses in that year (Figure 12). The next most frequently diagnosed illicit drugs in hospital admissions were marijuana (26.5%), methamphetamine (15.0%), and cocaine (9.0%).

Figure 10
Juvenile Court Referrals for
Drug Related Law Violations
2005 - 2013

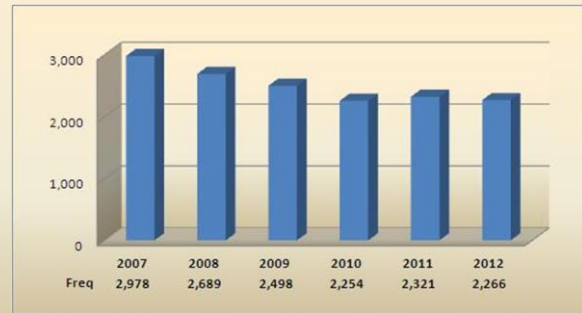


Figure 11
Clients Sentenced to Incarceration for Drug Violations
2007 - 2013

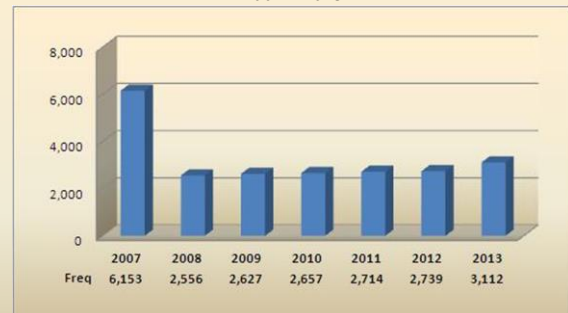


Figure 12
Hospital Illicit Drug Mentions
in Patient Diagnoses
2012

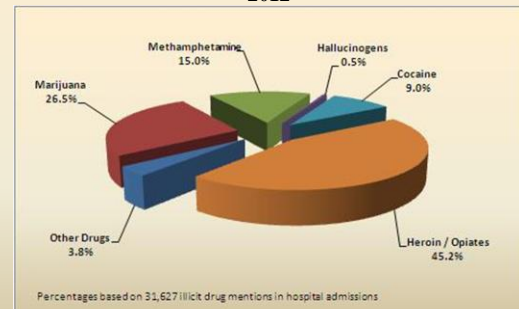
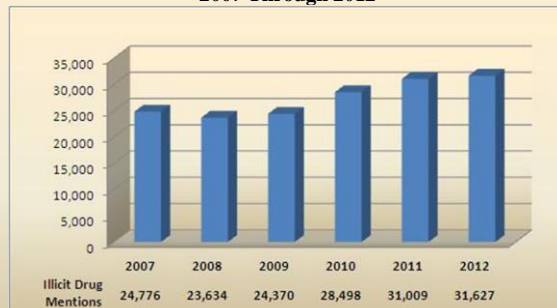


Figure 13
Illicit Drug Mentions in
Hospital Emergency Room Admissions
2007 Through 2012



To identify trends of the impact on the state's health care system, an analysis was conducted on these same data for the past six years. This analysis indicated that since 2008 the number illicit drug diagnoses in hospital admissions has increased in each subsequent year (Figure 13). Drug mentions in hospital admissions increased 33.8% from 23,634 mentions in 2008 to 31,627 mentions in 2012.

Over time, drug dependency tends to impair users psychological well-being, adversely affects their interpersonal relationships, and dramatically reduces their ability to function as productive members of society.

During 2012, 51 state-supported agencies operated approximately 268 treatment sites located throughout Missouri with programs designed to assist individuals to break their cycle of drug dependency. In addition, a number of private institutions in the state provide similar types of programs. All state-supported programs treat persons having dependencies on alcohol, other legal drugs, and illicit drugs. In some cases, an individual may be dependent on more than one type of drug.

Table 6
Intravenous Drug Associated HIV and AIDS Cases
2002 - 2012

Year	IV Drug Use Cases		Homosexual IV Drug Use Cases	
	HIV	AIDS	HIV	AIDS
2002	418	739	287	830
2003	422	762	264	844
2004	314	374	209	379
2005	316	390	209	395
2006	315	405	217	399
2007	302	418	220	405
2008	278	436	219	408
2009	277	437	218	420
2010	250	398	207	373
2011	237	403	207	367
2012	245	406	210	368

Certain types of illicit drug ingestion practices cause life threatening consequences to the drug abuser as well as other people they come in contact with. For example, the intravenous injection of illicit drugs can transmit HIV and AIDS as well as a number of other serious diseases such as hepatitis. During 2012, 406 AIDS cases and 245 HIV cases were diagnosed in Missouri where intravenous drug use was suspected as the primary means of infection (Table 6). Another 368 AIDS cases and 210 HIV cases were diagnosed involving both male homosexual activity and drug use via intravenous injection.

ILLICIT DRUG INDUSTRY IN MISSOURI

Missouri has a substantial illicit drug industry that not only supports illicit drug users in the state, but also involves exportation and distribution of illicit drugs on an interstate basis. To assess the extent of this industry in Missouri, a variety of data sources were analyzed including law enforcement arrest and illicit drug activity information systems and multi-jurisdictional drug task forces (MDTF) quarterly program progress reports. Published federal and state law enforcement agency reports describing state illicit drug industries and results of a 2014 drug industry profile survey sent to MDTF were also used.

Illicit drug industries involve cultivating, manufacturing, distributing / trafficking, and point-of-sale marketing. Of the twenty-four (24) MDTF contacts that responded to a 2014 drug industry survey, all stated that these industries are a moderate or major problem in Missouri (Table 7). The most problematic drug industry identified in the survey is marijuana point-of-sale distribution as all MDTF indicated it was a major or moderate problem. The next three most problematic are interstate drug distribution / trafficking (96.3%), methamphetamine point-of-sale distribution (92.6%), and methamphetamine production (88.9%). Hallucinogen point-of-sale and ecstasy/designer drugs point-of-sale distribution are the least problematic drug industry in the state.

two decades from 6% to more than 13%, and some samples contained THC levels up to 33%.

According to the 2012 National Survey on Drug Use and Health, 18.9 million persons used marijuana making it the most commonly used illicit drug. The percentage of marijuana use varies by state and the greatest use is seen in New England states, several mountain states, and western coast states. The percentage of persons aged 12 or older in Missouri that have used marijuana in the past month is between 5.42 and 6.04% (Figure 14).

Production of both cultivated and sinsemilla marijuana, as indicated by number of eradicated plants, has fluctuated in

Missouri during the past several years. In 2012, a total of 12,972 cultivated marijuana plants were destroyed by multi-jurisdictional drug task forces (Table 8). In the following year, however, the number of eradicated cultivated marijuana plants decreased to 4,114 plants. Historically, few sinsemilla plants were eradicated by MDTF; but in 2003, 1,318 sinsemilla plants were destroyed.

Much of outdoor cannabis cultivation in the United States occurs where growers can take advantage of an area's remoteness to minimize the risk of detection. The by-products of outdoor marijuana crops, such as use of chemical fertilizers and pesticides, or trash and human waste left behind at large cultivation sites, can potentially contaminate waterways or destroy vegetation and wildlife habitats. The danger of fires started to clear timber or ground cover to prepare cultivation sites poses an additional hazard associated with outdoor marijuana cultivation.

Multi-jurisdictional drug task forces were asked to submit profiles on drug industries that were major or moderate problems in their jurisdiction in 2014. Of the twenty-seven responding MDTF that indicated marijuana cultivation was either a major or moderate problem in their jurisdictions, 73.3% indicated marijuana is grown outdoors and 80% indicated it is grown indoors. Of the MDTF indicating marijuana is cultivated outdoors, 72.7% reported marijuana is grown in government forests (Table 9). In addition, over half of these MDTF reported marijuana is grown along river and stream banks or dispersed in legitimate crops. Potentially harmful situations are associated with indoor cultivation sites. Persons are exposed to increased risk of fire or electrocution in grow houses from incorrectly rewired electrical bypasses. They may also be exposed to toxic molds found in grow houses due to high levels of humidity. All of the MDTF indicating marijuana is

Table 8
Eradication of Cultivated and Sinsemilla
Marijuana Plants by
Multi-Jurisdictional Drug Task Forces
Fiscal Years 2003 - 2013

<u>Year</u>	<u>Cultivated Plants</u>	<u>Sinsemilla Plants</u>
2003	2,606	1,318
2004	1,949	51
2005	4,499	1
2006	6,011	168
2007	2,056	794
2008	2,429	414
2009	10,763	87
2010	4,008	259
2011	5,398	60
2012	12,972	39
2013	4,114	230

Table 9
Location of Outdoor and Indoor Marijuana Cultivation
as Perceived By Multi-Jurisdictional Drug Task Forces
2014

<u>Outdoor Locations</u>		
Natural / Undisturbed Fields		45.5%
Cultivated / Fallow Farmland		45.5%
River / Stream Banks		54.5%
Dispersed In Existing Crops		54.5%
Government Forest		72.7%
Along Railroad Lines		36.4%
Along Roadsides		9.1%
Other		9.1%
<u>Indoor Locations</u>		
Private Residences		100.0%
Garages		33.3%
Barns / Outbuildings		33.3%
Abandoned Buildings		0.0%
Hotels / Motels		0.0%
Workplaces		0.0%

Table 10
Demographic Characteristics of Persons Involved in
Marijuana Cultivation as Perceived
by Multi-Jurisdictional Drug Task Forces

	2014	
<u>Gender</u>	<u>Indoor</u>	<u>Outdoor</u>
Male	91.7%	81.8%
Female	0.0%	0.0%
Both	8.3%	18.2%
<u>Race</u>		
Caucasian	89.6%	83.2%
African American	6.3%	1.5%
Hispanic	3.3%	14.8%
Asian	0.0%	0.0%
Other	0.8%	0.5%
<u>Age Group</u>		
17 & Under	1.2%	1.8%
18 - 25	18.8%	11.4%
26 - 35	39.6%	36.4%
36 - 50	32.9%	38.6%
Over 50	7.5%	11.8%

cultivated indoors in their jurisdiction stated it is grown in private residences. One third of MDTF indicated it is also grown in garages or barns and outbuildings.

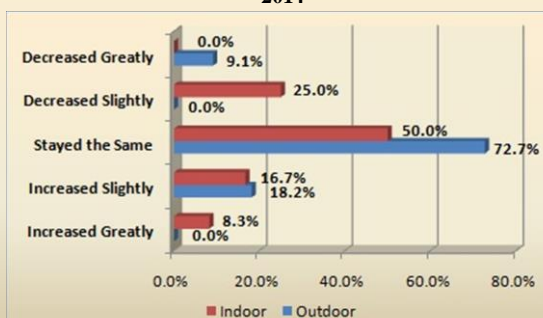
MDTF survey responses indicated marijuana is cultivated predominantly by Caucasian males aged 26 through 50. Of the MDTF with a major or moderate marijuana cultivation problem, 91.7% indicated males were involved in indoor marijuana cultivation and 81.8% indicated males were involved with outdoor cultivation. Additionally, over 80% of the MDTF indicated Caucasians were involved with both indoor and outdoor cultivation. A substantial proportion of African American males participate in indoor marijuana cultivation and Hispanic males participate in outdoor marijuana cultivation. Of the MDTF with a moderate to major marijuana cultivation problem, three quarters indicated indoor and outdoor industries involved persons aged 26 to 50 (Table 10).

Of those MDTF indicating marijuana cultivation is a major or moderate problem, over three quarters indicated indoor and outdoor marijuana cultivation is loosely organized or unorganized (Figure 15). Less than a quarter of the MDTF with a major or moderate marijuana cultivation problem believe indoor and outdoor marijuana cultivation is slightly increasing (Figure 16). Most MDTF indicated prevalence of this industry is remaining the same in their jurisdiction.

Figure 15
Organization Levels Associated with Marijuana Cultivation
as Perceived by Multi-Jurisdictional Drug Task Forces
2014



Figure 16
Trends of Marijuana Cultivation Industry
as Perceived by Multi-Jurisdictional Drug Task Forces
2014



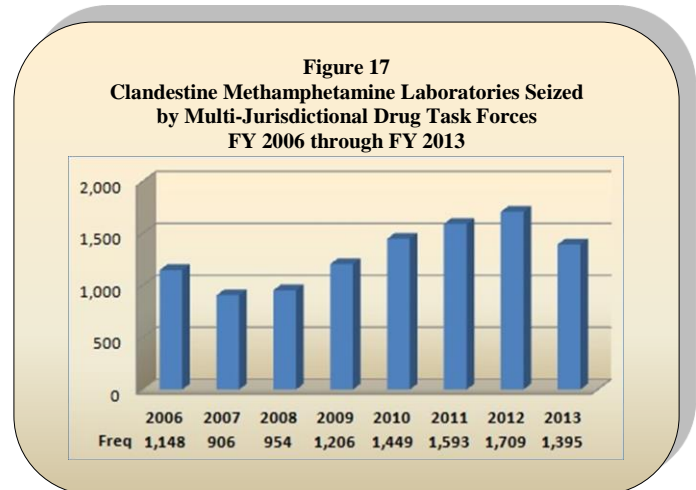
Methamphetamine Clandestine Laboratories

Since the late 1990's, methamphetamine laboratories have created a problem for many communities across the United States. The adoption of new processing methods has, no doubt, played a significant role in increased use of this drug. Not only is methamphetamine itself dangerous, but methamphetamine production methods are volatile, hazardous, and toxic. Five methods are typically used to produce methamphetamine in clandestine laboratories. Four of these methods involve chemical reduction of ephedrine / pseudoephedrine, but use different precursor chemicals. Mexican methamphetamine trafficking organizations typically utilize hydriodic acid and red phosphorous to reduce ephedrine / pseudoephedrine. When hydriodic acid supplies are limited, high quality methamphetamine is produced using iodine in its place. Another method known as hypo-reduction also uses iodine but with hypo-phosphorous acid in place of red phosphorous. This method is particularly dangerous due to the volatility of phosphine gas produced during the reduction process, and many times fires and explosions result. The Birch method utilizes anhydrous ammonia and sodium or lithium metal to reduce ephedrine / pseudoephedrine to produce high grade methamphetamine. This method can yield a finished product in two hours and requires no sophisticated equipment and many of the ingredients do not arouse suspicion when purchased in small quantities. The P2P procedure yields low quality methamphetamine and does not involve ephedrine / pseudoephedrine reduction. Principal chemicals in this method include phenyl-2-propanone (P2P), aluminum, methylamine, and mercuric acid. Another method of making methamphetamine that does not require a heating element or open flame is known as the Shake and Bake method. Ephedrine or pseudoephedrine tablets are crushed and combined with household chemicals and then shaken in a soda bottle to precipitate methamphetamine.

Threats posed by methamphetamine production equate those presented to users of this drug. In the production of methamphetamine, fire and explosion hazards typically occur due to the flammability of precursor chemicals. Environmental hazards occur as a result of improper storage or disposal of precursor chemicals in rivers, fields, and forests. Because clandestine laboratories are commonly constructed in private residences, exposure to toxic precursor chemicals can impact the health of the methamphetamine producers and their family members. Communities are affected by the aftermath and vacated remains associated with laboratories. It is estimated that every pound of produced methamphetamine results in 5 to 7 pounds of toxic waste. Dump site chemicals contaminate water supplies, kill livestock, destroy forest lands, and render areas uninhabitable.

Nationally, methamphetamine laboratories are widely found throughout the Pacific, Southwest, and Central (including Missouri) regions of the country. Powdered methamphetamine is the most commonly found form of the drug.

From analyses based on multi-jurisdictional drug task force program progress reports, a substantial portion of methamphetamine laboratories are found in both urban and rural regions of the state. In fiscal year 2013, 1,395 clandestine methamphetamine laboratories were destroyed by multi-jurisdictional drug task forces in Missouri. Of these, 43.8% were destroyed in St. Louis metropolitan statistical area (MSA) counties, 4.6% were destroyed in Springfield MSA counties, and 3.3% were destroyed in Joplin MSA counties. Almost one half (47.5%) were destroyed in rural, non-MSA counties. The number of methamphetamine clandestine laboratories seized by the statewide multi-jurisdictional drug task forces increased continually from 906 to 1,709 in fiscal years 2007 to 2012 (Figure 17). In fiscal year 2013, methamphetamine clandestine laboratory seizures decreased by 18.4% as compared to the previous year.



An examination of cases processed by Missouri crime laboratories in which methamphetamine product and precursor chemicals were detected suggests meth-amphetamine production has fluctuated from fiscal years 2002 through 2013 (Table 11). The number of cases in which methamphetamine product, precursor, or both were detected decreased from over 1,100 cases in 2005 to 823 cases in 2006 and to 407 cases in 2007. The number of these cases then increased to 799 in 2011 and to 903 in 2012. This was followed by another decrease in 2013 when methamphetamine product, precursor, or both was detected by Missouri crime laboratories in 731 cases.

Table 11
Missouri Crime Laboratory Cases with Detected
Methamphetamine Products and Precursors
FY 2002 - FY 2013

<u>Fiscal Year</u>	<u>Product Only</u>	<u>Precursor Only</u>	<u>Both</u>	<u>Total</u>
2002	414	266	627	1,307
2003	373	190	570	1,133
2004	454	179	539	1,172
2005	417	190	576	1,183
2006	276	179	373	828
2007	109	99	199	407
2008	114	75	245	434
2009	104	93	250	447
2010	142	63	221	426
2011	359	135	305	799
2012	447	82	374	903
2013	393	56	282	731

Table 12
Indoor and Outdoor Methamphetamine Laboratory
Locations as Perceived by
Multi-Jurisdictional Drug Task Forces
2014

Indoor Labs	
Hotels/Motel	85.7%
Workplace	19.0%
Abandoned Building	71.4%
Barn / Outbuilding	76.2%
Garage	100.0%
Single Family Residence	100.0%
Apartment / Condo	85.7%
Commercial Storage Unit	33.3%
Outdoor Labs	
Wooded Area/Rural Field	95.2%
Campground	52.4%
River Bank/Access	71.4%
Farmland	38.1%
Cave	19.0%
Pars	71.4%
Gravel Road	76.2%
Vehicle	90.5%
Forest	57.1%

All but three surveyed MDTF perceived this industry to be a major or moderate problem in their jurisdiction. Of the twenty-four (24) MDTF with a major or moderate problem with methamphetamine production, over three quarters (87.5%) indicated production occurs in both indoor and outdoor labs. Of the multi-jurisdictional drug task forces with an indoor laboratory problem, all stated these labs are found in single family residences and garages (Table 12). Other common indoor methamphetamine laboratory sites identified by MDTF are hotels and motels, abandoned buildings, barns and outbuildings, and apartments and condominiums. Nearly all MDTF (90.5%) with a major or moderate methamphetamine production problem indicated outdoor methamphetamine laboratories are found in vehicles. This is a common laboratory site because vehicles provide mobility, accessibility, and limited overt detection. Other common outdoor sites for methamphetamine laboratory sites are in wooded areas or rural fields, on gravel roads, along river banks and accesses, and in public parks.

Drug task forces indicated participants in this industry use many methods to produce methamphetamine but most prefer Shake and Bake and Birch processes. Of the MDTF indicating clandestine methamphetamine laboratories are a major or moderate problem in their jurisdiction, all stated that the Shake and Bake method is used and 58.3% stated Birch processing is used (Figure 18).

In the 2014 drug industry survey, MDTF were asked what types of precursor chemicals are used in clandestine methamphetamine laboratories seized in their jurisdictions. Of the respondents that indicated this industry is a major or moderate problem, all indicated camping fuels and lithium batteries are most commonly used to produce the drug (Table 13). Other precursor chemicals noted by at least three quarters of the MDTF with a major or moderate methamphetamine lab problem include anhydrous ammonia, ether or starting fluid, ephedrine or cold capsules, organic solvents, and Red Devil dye.

Figure 18
Types of Chemical Processing Associated with Meth Production
as Perceived by Multi-Jurisdictional Drug Task Forces
2014



Table 13
Clandestine Methamphetamine Precursor Chemicals
as Perceived by Multi-Jurisdictional Drug Task Forces
2014

Anhydrous Ammonia	79.2%
Ether / Starting Fluid	87.5%
Liquid Iodine	45.8%
Highway Flares	33.3%
Lithium Batteries	100.0%
Camping Fuels	100.0%
Ephedrine / Cold Capsules	95.8%
Organic Solvent	79.2%
Acids	62.5%
Red Devil Dye	79.2%
Hydrogen Peroxide	41.7%
Ammonia Sulfate	29.2%
Ammonia Nitrate	62.5%

The sources of precursor chemicals used to process methamphetamine in clandestine laboratories vary. Retail supply stores are the most common source of precursor chemicals according to all MDTF with a major or moderate methamphetamine production problem (Table 14). Drug stores (91.7%) and hardware warehouses (70.8%) were also noted by MDTF as common sources of methamphetamine precursor chemicals. Farm field tanks (70.0%) are the most common source of anhydrous ammonia identified by MDTF with a major or moderate methamphetamine laboratory problem. Farm co-ops are another common source of anhydrous ammonia as noted by 55.0% of these MDTF.

Table 14
Sources of Methamphetamine Precursor Chemicals
as Perceived by Multi-Jurisdictional Drug Task Forces
2014

<u>Precursor Chemical Sources</u>	
Mail Order	0.0%
Catalogs / Farm Supply	45.8%
Stores / Veterinarian	16.7%
Retail Supply Store	100.0%
Discount Chemical Supply	0.0%
Hardware Warehouse	70.8%
Drug Store	91.7%
Overseas Pharmaceutical	0.0%
<u>Anhydrous Ammonia</u>	
Field Tank	70.0%
Farm Supply Store	25.0%
Farm Co-op	55.0%
Bulk Fertilizer Plant	25.0%
Poultry Process Plant	0.0%
Imported	5.0%
Home Made	40.0%

Surveyed MDTF with a major or moderate methamphetamine laboratory problem indicated persons involved in outdoor and indoor methamphetamine production are predominately Caucasian males between the ages of 26 and 35. Of the MDTF stating this industry is a major or moderate problem in their jurisdictions, 66.7% indicated participants are male, over 90% indicated participants are Caucasian, and 43.5% indicated their ages range from 26 through 35 (Table 15).

Of the multi-jurisdictional drug task forces that indicated outdoor methamphetamine production is a problem in their jurisdictions, 76.1% indicated the industry is loosely or somewhat organized (Figure 19). Similarly, of the multi-jurisdictional drug task forces that indicated indoor methamphetamine production is a problem in their jurisdictions, 76.2% indicated the industry is loosely or somewhat organized. Neither indoor nor outdoor methamphetamine laboratories were noted to be very organized by these MDTF.

Over one third (38.1%) of MDTF with an indoor methamphetamine laboratory production problem in their jurisdictions indicated the industry is slightly declining (Figure 20). However, nearly one quarter (23.8%) of these MDTF stated indoor methamphetamine laboratory production is slightly increasing in their jurisdictions. Two thirds of MDTF with an outdoor methamphetamine laboratory production problem indicated the industry is slightly decreasing or remaining the same.

Table 15
Demographic Characteristics of Persons Involved in
Clandestine Methamphetamine Production
as Perceived by Multi-Jurisdictional Drug Task Forces
2014

<u>Gender</u>	<u>Indoor</u>	<u>Outdoor</u>
Male	66.7%	66.7%
Female	0.0%	0.0%
Both	33.3%	33.3%
<u>Race</u>		
Caucasian	94.6%	95.1%
African American	1.5%	1.4%
Hispanic	3.6%	3.3%
Asian	0.0%	0.0%
Other	0.2%	0.2%
<u>Age Group</u>		
17 & Under	0.7%	0.5%
18 - 25	20.6%	23.3%
26 - 35	43.5%	46.4%
36 - 50	27.8%	23.5%
Over 50	8.6%	6.2%

Figure 19
Organization of Clandestine Methamphetamine Production
as Perceived by Multi-Jurisdictional Drug Task Forces
2014

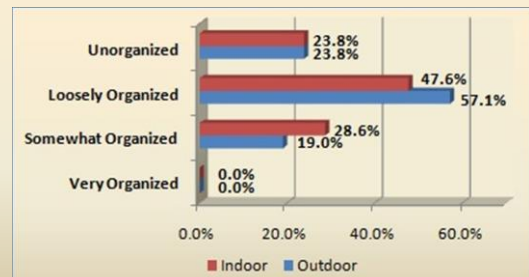
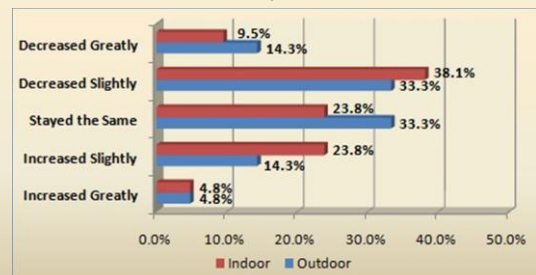


Figure 20
Trends of Clandestine Methamphetamine Production
as Perceived by Multi-Jurisdictional Drug Task Forces
2014



Interstate Drug Trafficking

Missouri serves as a conduit for transportation of significant amounts of illicit drugs between out-of-state points of origin and destination. Missouri's central location in the nation and extensive interstate roadway system increases its likelihood of being involved in illicit interstate drug trafficking. Marijuana is distributed and trafficked throughout the state as indicated by all MDTF stating this industry is a problem in their jurisdictions (Table 16). Other widely trafficked drugs identified by drug task forces are methamphetamine (92.0%), heroin and opiates (68.0%), and powder cocaine (60.0%).

Different methods are used to transport illicit drugs through Missouri. Illicit drugs are primarily moved by land, but airways and waterways are also used as trafficking conduits. Roadways are utilized for interstate drug trafficking more extensively than other transportation systems. Both private individuals and commercial operators transport illicit drugs, knowingly and unknowingly. MDTF were asked to identify vehicle types and transportation systems commonly used to transport illicit drugs across Missouri. Of the MDTF indicating interstate drug distribution and trafficking is a major or moderate problem, 96.2% stated drugs are transported by noncommercial vehicles (Table 17). Other common vehicle types used for drug distribution / trafficking are mail couriers (84.6%) and commercial vehicles (65.4%).

Males and females aged 18 to 50 and of most races participate in interstate drug distribution and trafficking. Of the MDTF indicating this industry is a major or moderate problem, 34.6% indicated only males distribute and traffic drugs while 65.4% stated both males and females participate (Table 18). Of the MDTF with a moderate or major drug distribution and trafficking problem, 49.0% indicated

Table 17
Vehicle Types Used to Transport Drugs Across Missouri
as Perceived by Multi-Jurisdictional Drug Task Forces
2014

Non Commercial Vehicles	96.2%
Commercial Vehicles	65.4%
Mail Couriers	84.6%
Bus Lines	26.9%
Train Lines	3.8%
Commercial Airlines	11.5%
Private Airlines	19.2%
Other	0.0%

Caucasians are participants, 22.2% stated African Americans are participants, and 23.7% stated Hispanics participate. Of these same MDTF, 41.2% indicated persons aged 26 through 35 were most commonly involved in this industry. Over one quarter (26.2%) also stated persons aged 18 to 25 participate in the industry and 21.5% stated persons aged 36 to 50 participate.

Table 16
Types of Drugs Transported Across Missouri
as Perceived by Multi-Jurisdictional Drug Task Forces
2014

Crack Cocaine	32.0%
Powder Cocaine	60.0%
Marijuana	100.0%
Methamphetamine	92.0%
Ecstasy / Designer Drugs	40.0%
Heroin / Opiates	68.0%
Prescription Pills	16.0%
Hallucinogens - LSD	0.0%
Hallucinogens - PCP	4.0%
Pseudoephedrine / Ephedrine	8.0%
Synthetics	48.0%
Other	4.0%

Table 18
Demographic Characteristics of Persons Involved in
Interstate Drug Distribution and Trafficking
as Perceived by Multi-Jurisdictional Drug Task Forces
2014

Gender	
Male	34.6%
Female	0.0%
Both	65.4%

Race	
Caucasian	49.0%
African American	22.2%
Hispanic	23.7%
Asian	0.7%
Other	0.4%

Age Group	
17 & Under	2.0%
18 - 25	26.2%
26 - 35	41.2%
36 - 50	21.5%
Over 50	4.9%

Interstate drug distribution is more organized than other illicit drug industries. Of the MDTF indicating interstate drug distribution is a major or moderate problem, one half indicated this industry is very or somewhat organized. Also, 18.5% of the MDTF stated that gangs are involved with interstate drug distribution and trafficking. Street gangs and ethnic / nationalist gangs were most associated with this industry. According to Missouri drug task forces, interstate drug distribution and trafficking industry is increasing in the state. Of the MDTF that believe this industry is a major or moderate problem in their jurisdictions, 92.3% responded drug distribution and trafficking is slightly or greatly increasing (Figure 21). In addition, 61.5% believe purities of transported drugs is increasing while 38.5% of the responding task forces consider the purity of distributed and trafficked drugs to be staying the same while (Figure 22).

Figure 21
Growth Trends of Interstate Drug Distribution and Trafficking
as Perceived by Multi-Jurisdictional Drug Task Forces
2014

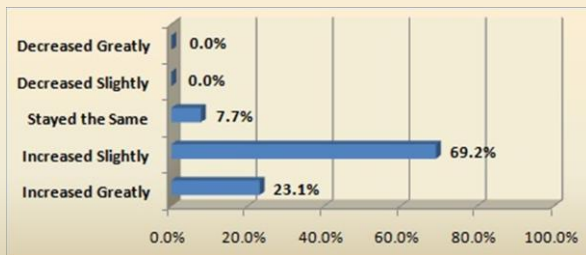
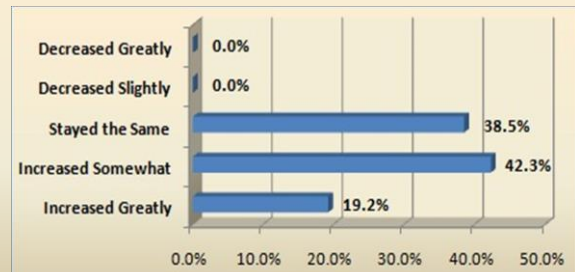


Figure 22
Purity Trends of Interstate Drug Distribution and Trafficking
as Perceived by Multi-Jurisdictional Drug Task Forces
2014



Distribution and Point-of-Sale

A large portion of Missouri's illicit drug industry is devoted to distributing and selling these products to individuals for their own consumption. Distribution and point-of-sale trafficking patterns vary by the type of illicit drug involved. Due to that fact, distribution and point-of-sale patterns for each major illicit drug used in Missouri are presented separately.

Analyses of illicit drug quantities seized by multi-jurisdictional drug task forces indicate this industry is substantial and law enforcement efforts to remove illicit drugs have effectively removed many ounces from distribution (Table 19). From fiscal year 2004 through 2013, 2,275,514 ounces of marijuana, 84,825 ounces of cocaine, 65,763 ounces of methamphetamine, and 4,630 ounces of heroin / opiates were seized by multi-jurisdictional drug task forces.

Table 19
Ounces of Drugs Seized by
Multijurisdictional Drug Task Forces
FY 2004 - FY 2013

<u>FY</u>	<u>Marijuana</u>	<u>Cocaine</u>	<u>Crack</u>	<u>Meth</u>	<u>Heroin / Opiates</u>	<u>LSD</u>	<u>PCP</u>	<u>Ecstasy</u>	<u>Pseudo Ephedrine</u>	<u>Anhydrous Ammonia (gallons)</u>	<u>Other</u>
2004	324,671	4,759	414	4,918	223	<1	50	459	N/A	N/A	N/A
2005	176,497	14,598	833	3,059	575	1	5	1,470	8,840	501	1,584
2006	311,138	14,232	5,919	3,200	1,331	8	535	1,743	3,282	9,744	39,815
2007	179,389	17,968	667	6,721	739	<1	531	11,440	280	7,786	1,315
2008	375,502	14,016	291	508	180	<1	275	13,195	1,952	6,852	7,732
2009	157,861	5,610	297	2,815	589	19	897	566	592	5,168	450
2010	177,414	3,235	192	1,895	67	63	569	3	519	13,905	502
2011	232,006	4,318	121	2,089	467	<1	3	7	1,955	0	780
2012	190,601	4,566	54	37,294	255	27	494	18	49	5,648	6,614
2013	152,435	1,523	116	3,266	204	9	126	10	81	1,637	3,575

MDTF also were effective in removing methamphetamine precursor chemicals and seized 17,550 ounces of pseudoephedrine and 51,241 gallons of anhydrous ammonia during fiscal years 2005 through 2013.

Marijuana

Marijuana is one of the most widely sold and distributed drugs in Missouri. Cultivated marijuana provides the bulk of the drug sold in the state. According to the NDIC, marijuana traffickers distribute and sell bulk quantities of foreign marijuana that is primarily grown in Mexico, Colombia, and Jamaica. Mexican and Colombian marijuana enters southwestern U.S. cities such as San Diego and Phoenix, and is then trafficked to Kansas City and on to other Missouri areas. Jamaican grown marijuana is primarily distributed in St. Louis and then to other areas of the state.

All MDTF perceive distribution and point-of-sale of marijuana to be a major or moderate problem in Missouri. Marijuana sales most commonly take place in homes, on streets and parking lots, or from vehicles. Private residences were identified by all MDTF as locations of marijuana sales while 96.3% identified streets and parking lots as locations, and 92.6% stated sales occurred from vehicles (Table 20).

Marijuana distribution and point-of-sale is conducted by males and females of all races and of all age groups. Of the MDTF indicating this industry is a major or moderate problem, 70.4% indicated both males and females were involved (Table 21). Industry participants noted by these multi-jurisdictional drug task forces include Caucasians (53.6%), African Americans (26.8%), Hispanics (17.7%), and Asians (1.3%). Over one third (35.4%) of the responding MDTF identified persons aged 18 through 25 participate in this industry and 32.8% stated persons aged 26 through 35 are involved. About 10% of the MDTF also stated persons under 18 and over 50 participate in sale and distribution of marijuana.

Table 20
Demographic Characteristics of Persons Involved in Marijuana Distribution and Point-Of-Sale as Perceived By Multi-Jurisdictional Drug Task Forces 2014

Private Residence	100.0%
Streets / Parking Lot	96.3%
Vehicle	92.6%
Hotel / Motel	77.8%
Bar / Nightclub	66.7%
Work Place	40.7%
Schools / Playgrounds	40.7%

Table 21
Demographic Characteristics of Persons Involved in Marijuana Distribution and Point-Of-Sale as Perceived by Multi-Jurisdictional Drug Task Forces 2014

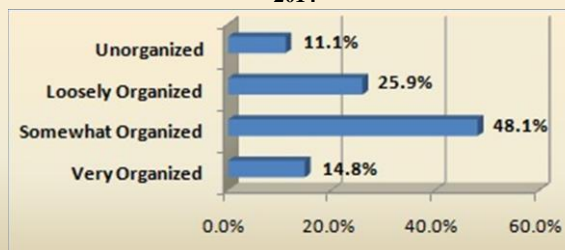
<u>Gender</u>	
Male	29.6%
Female	0.0%
Both	70.4%

<u>Race</u>	
Caucasian	53.6%
African American	26.8%
Hispanic	17.7%
Asian	1.3%
Other	0.2%

<u>Age Group</u>	
17 & Under	5.6%
18 - 25	35.4%
26 - 35	32.8%
36 - 50	19.6%
Over 50	6.6%

According to most MJTF with a major or moderate problem with this industry, marijuana distribution and point-of-sale is organized to some degree. Of the MDTF indicating marijuana point-of-sale distribution is a major or moderate problem, 48.1% stated distributors and seller are somewhat organized, 25.9% stated they are loosely organized, and 14.8% stated they are very organized (Figure 23). But of the same task forces, two thirds stated marijuana sale distribution does not involve gangs of any type. Prevalence of this industry is increasing in some areas served by MDTF but remains

Figure 23
Organization of Marijuana Distribution and Point-Of-Sale as Perceived by Multi-Jurisdictional Drug Task Forces 2014



constant in others. Of the MDTF indicating this industry is a major or moderate problem, just over one quarter (29.6%) responded marijuana point-of-sale distribution stayed the same while 70.4% stated the industry is greatly or slightly increasing (Figure 24).

Cocaine / Crack Cocaine

Cocaine is not produced in any significant amounts in the U.S. Instead, cocaine is extracted from the erythroxylon coca bush that grows primarily in Columbia, Peru, and Bolivia. Once extracted from plant leaves and processed, cocaine is smuggled overland through Mexico or by sea and air transport along eastern Pacific and western Caribbean maritime routes. According to the NDIC, cocaine smuggled overland through Mexico enters the U.S. through Texas, California, and Arizona ports of entry (POE). From there, cocaine is transported to Atlanta, Chicago, Dallas, Houston, and New York. Cocaine smuggled via Caribbean maritime routes enters the U.S. in Miami and is transported to Atlanta, New York, and Philadelphia. Cocaine is smuggled throughout the U.S. from various distribution cities. A large portion of powder cocaine ending up in the Midwest, including Missouri, is distributed from Chicago, Houston, and Phoenix.

According to the 2012 National Survey on Drug Use & Health¹⁷, 1.6 million persons aged 12 or older are current users of cocaine. The number of cocaine users in 2012 is lower than in 2003 through 2007 when 2.4 million persons used cocaine. The percentage of cocaine is greatest in New England states, mountain states, and western coast states. The percentage of persons aged 12 or older in Missouri that currently use cocaine is between 0.98% and 1.31% (Figure 25).

Analyses of cocaine quantities seized by MDTF indicate distribution of this drug is significant in Missouri but decreasing. Large quantities of cocaine were seized during fiscal years 2005 through 2008, when a total of 60,814 ounces of cocaine were seized by MDTF. Drug task forces seized 4,318 ounces of cocaine in Fiscal Year 2011 and 4,566 ounces in Fiscal Year 2012 (Table 19). In Fiscal Year 2013, MDTF cocaine seizures decreased 66.6% to 1,523 ounces.

Cocaine and crack cocaine distribution and point-of-sale occurs in most areas of Missouri. Of the MDTF that responded to the illicit drug industry survey, nearly one half (48.1%) stated powder cocaine and crack cocaine is a moderate or major problem in their jurisdictions (Table 7). In the same survey, task forces indicated cocaine and crack are primarily sold and distributed at four locations. The MDTF that indicate these industries were a major or moderate problem also identified crack and powder cocaine sales and distribution commonly occurs in private residences, on streets and parking lots, from vehicles, and in hotels and motels (Table 22).

Figure 24
Growth Trends of Marijuana Distribution and Point-Of-Sale as Perceived by Multi-Jurisdictional Drug Task Forces 2014

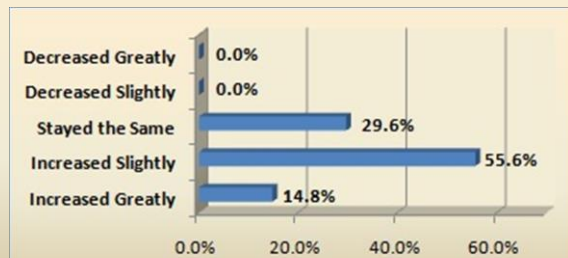
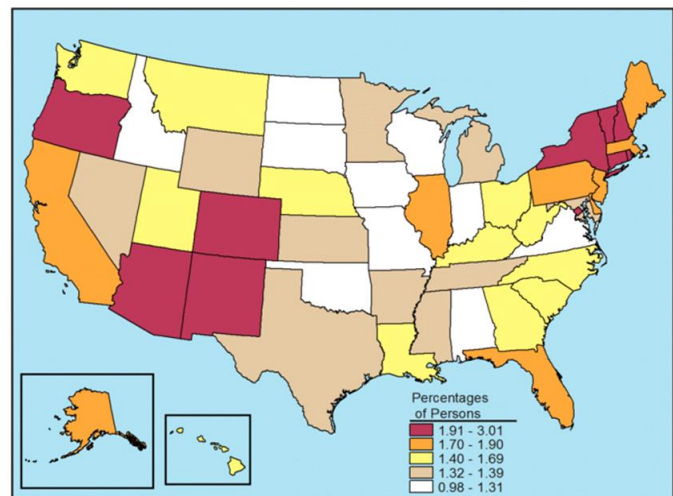


Figure 25
Cocaine Use in the Past Month among Persons Aged 12 or Older 2011 - 2012



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NDDUH 2011 and 2012

Table 22
Crack and Powder Cocaine Distribution and Point-Of-Sale Locations as Perceived by Multi-Jurisdictional Drug Task Forces 2014

	<u>Crack Cocaine</u>	<u>Powder Cocaine</u>
Private Residence	100.0%	92.3%
Street / Parking Lot	100.0%	76.9%
Vehicle	92.3%	100.0%
Hotel / Motel	69.2%	76.9%
Bar / Nightclub	38.5%	53.8%
Work Place	7.7%	7.7%
Schools / Playgrounds	0.0%	0.0%

Table 23
Demographic Characteristics of Persons Involved in Powder Cocaine and Crack Distribution and Point-Of-Sale as Perceived by Multi-Jurisdictional Drug Task Forces 2014

	Crack Cocaine	Powder Cocaine
<u>Gender</u>		
Male	61.5%	50.0%
Female	0.0%	0.0%
Both	38.5%	50.0%
<u>Race</u>		
Caucasian	19.8%	30.5%
African American	74.5%	49.8%
Hispanic	5.0%	20.0%
Asian	0.2%	0.2%
Other	0.5%	0.2%
<u>Age Group</u>		
17 & Under	2.2%	0.5%
18 - 25	35.1%	27.9%
26 - 35	32.4%	38.5%
36 - 50	25.2%	27.9%
Over 50	5.2%	5.3%

Powder cocaine is distributed by Caucasian, African American, and Hispanic males while crack cocaine is commonly distributed by African American males. Of the MDTF that indicated these industries are major or moderate problems in their area, over two-thirds (74.5%) reported African Americans distribute crack cocaine. Of these same MDTF, 30.5% identified Caucasians distribute powder cocaine. 49.8% state African Americans distribute powder cocaine, and 20% indicate Hispanics distribute powder cocaine (Table 23). Nearly two thirds of the task forces (61.5%) indicated only males participate in crack cocaine distribution.

Powder cocaine and crack cocaine distribution and point-of-sale trafficking are moderately to well organized in the state. Of the MDTF indicating these industries are major or moderate problems, 94.1% indicated crack cocaine participants are somewhat to loosely organized while 69.3% indicated powder cocaine participants are somewhat to loosely organized. Several Missouri drug task forces believe powder cocaine and crack distribution / point-of-sale has become

more widespread in their jurisdictions. Over one half (53.8%) of MDTF respondents who indicated powder cocaine was a major or moderate problem also stated this industry has slightly increased in their jurisdictions. Of the MDTF with a major or moderate crack cocaine problem, 38.5% perceived the industry had slightly increased.

Crack is a crystal form of cocaine that can be converted with heat from powder or rock cocaine. Typically, precursor powder cocaine is heated on stove tops or in microwave ovens without flammable solvents. Crack processing is typically conducted late in the cocaine distribution process. Of the surveyed MDTF, 40.7% indicated crack processing was a major or moderate problem in their jurisdictions (Table 5). Of these MDTF, 75% indicated powder cocaine was the precursor to crack and 37.5% indicated rock cocaine was a precursor.

Crack cocaine processing is most commonly conducted in industry participants' homes. Of the MDTF that perceive this industry to be a major or moderate problem, all indicated crack processing occurs in single family residences. Of these same MDTF, 75.0% indicated crack processing takes place in apartments or condominiums (Table 24).

Table 24
Crack Cocaine Processing Locations as Perceived By Multi-Jurisdictional Drug Task Forces 2014

Single Family Residence	100.0%
Apartment / Multi-Residence Building	75.0%
Hotel / Motel	25.0%
Work Place	0.0%
Abandoned Building	0.0%
Barns / Outbuilding	0.0%
Garage	0.0%
Other	0.0%

Table 25
Demographic Characteristics of Persons Involved in Crack Processing as Perceived by Multi-Jurisdictional Drug Task Forces 2014

<u>Gender</u>	
Male	75.0%
Female	0.0%
Both	25.0%
<u>Race</u>	
Caucasian	6.3%
African American	90.0%
Hispanic	3.1%
Asian	0.0%
Other	0.6%
<u>Age Group</u>	
17 & Under	2.1%
18 - 25	31.4%
26 - 35	44.0%
36 - 50	18.5%
Over 50	4.0%

In Missouri, cocaine is processed into crack cocaine by young to middle-aged African American males. Of the MDTF that indicated this industry is a major or moderate problem in their jurisdiction, 75% identified males as participants in crack cocaine processing and 90% identified African American as participants (Table 25). Of these same MDTF, 44% indicated persons aged 26 through 35 are involved in crack processing.

All MDTF with a major or moderate crack cocaine processing problem believe the industry is organized to some extent. Of the MDTF identifying this industry as a major or moderate problem, 37.5% indicated the industry is loosely organized, 50% indicated it is somewhat organized, and 12.5% stated it is well organized (Figure 26). All of these task forces also indicated street gangs are involved in crack processing. According to surveyed MDTF, prevalence of the crack processing industry appears to not be changing. Of the MDTF indicating this industry is a major or moderate problem in their jurisdiction, 62.5% responded it has stayed (Figure 27).

Figure 26
Organization of Crack Cocaine Processing
as Perceived by Multi-Jurisdictional Drug Task Forces
2014

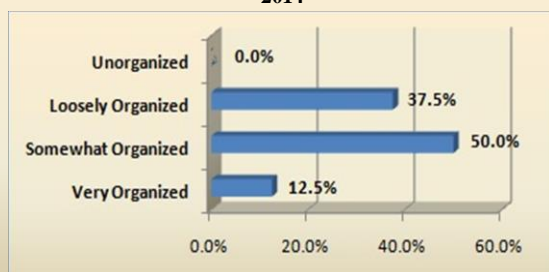
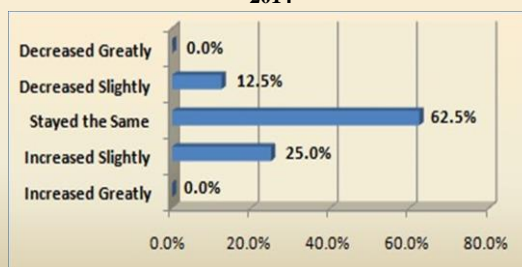


Figure 27
Growth Trends of Crack Cocaine Processing
as Perceived by Multi-Jurisdictional Drug Task Forces
2014



Methamphetamine

The distribution and point-of-sale of methamphetamine, along with the related methamphetamine clandestine laboratory industry, are two of the most widespread illicit drug industries in the state. According to the NDIC, Missouri is one of several central U.S. states that is a primary market area for the drug, and methamphetamine manufactured in Missouri is distributed regionally and to other parts of the country. Also, the NDIC has reported increasing trafficking of methamphetamine produced in Southern California and Mexico to Kansas City and St. Louis by Mexican criminal groups.

The 2012 National Survey on Drug Use & Health¹⁷ estimates about 440,000 persons or 0.2% of the U.S. population used methamphetamine in the past month in 2012. This was a decrease from 731,000 persons estimated to have used the drug in 2006.

Analyses of methamphetamine seizures by MJTF indicate distribution of this drug is significant in Missouri. From Fiscal Years 2004 through 2011, 25,205 ounces of methamphetamine were seized by MDTF at an average of 3,151 ounces seized per year (Table 19). In Fiscal Year 2012, MDTF seized 37,294 ounces of methamphetamine which was nearly ten times the average ounces seized in previous years. This significant increase was due to one MDTF involved in ongoing FBI cases targeting persons selling large amounts of methamphetamines in the state.

Pseudoephedrine is a common compound sold over the counter that is used in methamphetamine production. In Fiscal Year 2004, nearly 900,000 doses of pseudoephedrine were seized (Table 26). But in each subsequent fiscal year except for 2008, doses of seized pseudoephedrine decreased. In Fiscal Year 2013 only 3,226 ounces of this methamphetamine precursor was seized by MDTF. Decreases in pseudoephedrine seizures is probably due to state legislation enacted in 2005 that limits purchases of only 9 mg (30 tablets) of pseudoephedrine per month. Seizures of anhydrous ammonia, another precursor used in methamphetamine production, decreased in 2009 when only 119 gallons were seized compared to 2008 when 3,928 gallons of anhydrous ammonia were seized.

Methamphetamine distribution and point-of-sale is a serious problem in the state. Of all responding MDTF, 92.6% stated this industry is a major or moderate problem in their jurisdiction (Table 7). These same task forces indicated methamphetamine is distributed at many locations. Of the MDTF that indicated this industry is a major or moderate problem, all identified private residences and vehicles as distribution point-of-sale locations (Table 27). Other common methamphetamine distribution locations identified by MDTF were streets and parking lots (96%), hotels and motels (80%), and bars and nightclubs (68%).

Task force survey results indicate Caucasian males and females are typically involved in distributing and selling methamphetamine. Of the MDTF indicating this industry is a major or moderate problem, 74.9% indicated industry participants are Caucasian (Table 28). The surveyed drug task forces also indicated methamphetamine distributors are typically between the ages of 18 and 50. Of the MDTF stating this industry is a major or moderate problem in their jurisdiction, 27.3% stated participants are between the ages of 18 and 25, 38% stated participants are between the ages of 26 and 35, and 27% stated they are aged 36 through 50.

The level of organization associated with methamphetamine distribution and point-of-sale in Missouri varies from unorganized to very organized. Of the MDTF identifying this industry as a major or moderate problem, 8% indicated participants are completely unorganized. Of these same MDTF, 28% stated this industry is loosely organized, 52% stated it is somewhat organized, and 12% indicated it is very organized (Figure 28). Several gang types are involved with this industry as well. Organized methamphetamine distribution point of sale is conducted by several

Table 26
Doses of Drugs Seized By
Multi-Jurisdictional Drug Task Forces
FY 2004 - FY 2013

<u>FY</u>	<u>Heroin / Opiates</u>	<u>LSD</u>	<u>PCP</u>	<u>Ecstasy</u>	<u>Pseudo Ephedrine</u>	<u>Anhydrous Ammonia (gallons)</u>	<u>Other Drugs</u>
2004	73	259	0	17,695	896,015	1,779	10,371
2005	1,569	1,134	82	4,559	67,065	2,114	25,604
2006	1,111	710	40	19,579	48,418	1,631	65,310
2007	1,419	573	215	11,440	10,222	2,205	16,607
2008	983	174	42	13,195	50,957	3,928	11,330
2009	1,249	294	1	20,332	14,009	119	23,964
2010	3,901	805	6	14,305	14,322	293	8,248
2011	2,659	335	12	1,670	4,744	298	11,602
2012	3,508	461	3	2,461	4,474	15	33,539
2013	2,309	82	1	1,861	3,226	154	32,723

Table 27
Methamphetamine Distribution and
Point-Of-Sale Locations as Perceived
by Multi-Jurisdictional Drug Task Forces
2014

Private Residence	100.0%
Vehicle	100.0%
Street / Parking Lot	96.0%
Hotel / Motel	80.0%
Work Place	44.0%
Bar / Night Club	68.0%
School / Playground	4.0%

Table 28
Demographic Characteristics of Persons
Involved in Methamphetamine Distribution and
Point-Of-Sale as Perceived by
Multi-Jurisdictional Drug Task Forces
2014

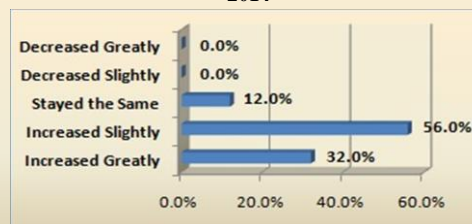
<u>Gender</u>		
	Male	24.0%
	Female	0.0%
	Both	76.0%
<u>Race</u>		
	Caucasian	74.9%
	African American	6.1%
	Hispanic	18.8%
	Asian	0.0%
	Other	0.0%
<u>Age Group</u>		
	17 & Under	0.6%
	18 - 25	27.3%
	26 - 35	38.0%
	36 - 50	27.0%
	Over 50	7.1%

gang types. According to the MDTF that responded methamphetamine point-of-sale distribution is a major or moderate problem in their jurisdictions, 32% stated outlaw motorcycle gangs are involved in this industry, 16% stated organized crime affiliations are involved, 12% indicated street gangs are involved, and 8% stated ethnic / nationalist gangs are involved. Methamphetamine distribution and point-of-sale is increasing throughout the state. Of the MDTF indicating this industry is a major or moderate problem, 88% noted it has slightly or greatly increased (Figure 29).

Figure 28
Organization of Methamphetamine Distribution and Point-Of-Sale as Perceived by Multi-Jurisdictional Drug Task Forces 2014



Figure 29
Growth Trends of Methamphetamine Distribution and Point-Of-Sale as Perceived by Multi-Jurisdictional Drug Task Forces 2014



Heroin / Opiates

Like cocaine, heroin and its derivatives are imported into Missouri for distribution and point-of-sale. Most heroin entering the U.S. originates from South America and Mexico. It is smuggled into the U.S. via ports of entry along the Mexico border and then transported to U.S. cities for further distribution. Heroin also originates from Southwestern and Southeastern Asia and is usually smuggled into the U.S. east and west coast cities via commercial air carriers. It is then transported to regional distribution centers. Asian heroin entering Missouri is typically distributed from Chicago.

The 2012 National Survey on Drug Use & Health¹⁷ estimates the number of heroin users in the U.S. increased from 373,000 in 2007 to 669,000 in 2012. This was an increase of 296,000 users during these five years.

Analyses of heroin / opiate seizures by MDTF indicate distribution of these drugs is limited in Missouri. From Fiscal Years 2004 through 2013, MDTF seized 4,630 ounces of heroin/opiates (Table 19). The single largest seizure of heroin/opiates occurred in Fiscal Year 2006 when 1,331 ounces were seized by MDTF. Although seizures of heroin / opiate ounces has remained small compared to other illicit drugs, seizures of doses of heroin suggest an increase in use of this drug. As displayed in Table 26, increased heroin dose seizures began in Fiscal Year 2010. Prior to Fiscal Year 2010, an average of 1,031 doses of heroin were seized by MDTF each year. But from Fiscal Year 2010 to 2013, an average of 2,725 heroin doses were seized each year.

An analysis of industry profiles conducted by MDTF indicates heroin / opiates distribution and point-of-sale is a problem in most regions of Missouri. Of the surveyed MDTF, 77.7% responded heroin / opiates distribution and point-of-sale is a major or moderate problem in their jurisdiction (Table 5). Heroin / opiate distribution and sales take place in same locations as other illicit drugs. Of the MDTF that regard this industry as a major or moderate problem, all indicate distribution and sale of heroin occurs from vehicles. In addition, 95.2% of these MDTF identified private residences and streets and parking lots as distribution and sale locations (Table 29).

Table 29
Heroin and Opiates Distribution and Point-Of-Sale Locations as Perceived by Multi-Jurisdictional Drug Task Forces 2014

Private Residence	95.2%
Vehicle	100.0%
Street / Parking Lot	95.2%
Bar / Night Club	52.4%
Hotel / Motel	76.2%
Work Place	23.8%
School / Playground	14.3%

Table 30
Demographic Characteristics of Persons
Involved in Heroin / Opiates Distribution and
Point-Of-Sale as Perceived by
Multi-Jurisdictional Drug Task Forces
2014

Gender		
Male		33.3%
Female		0.0%
Both		66.7%
Race		
Caucasian		47.9%
African American		43.1%
Hispanic		9.0%
Asian		0.0%
Other		0.0%
Age Group		
17 & Under		2.8%
18 - 25		35.5%
26 - 35		37.9%
36 - 50		22.1%
Over 50		1.7%

Persons involved with heroin / opiates distribution and point-of-sale are typically Caucasians or African Americans over aged 18 to 35 (Table 30). Of the MDTF that identified this industry as a major or moderate problem, 47.9% indicated Caucasians participate in the industry and 43.1% indicated African Americans participate. Of these same MDTF, two thirds (66.7%) stated that both males and females were involved in heroin / opiate distribution and point-of-sale. Persons aged 18 through 25 were identified by 35.5% of these MDTF to participate in this industry and 37.9% indicated person aged 26 through 35 participate.

Multiple levels of organization are associated with heroin / opiates distribution and point-of-sale in Missouri. Of the MDTF identifying this industry as a major or moderate problem, 47.6% indicated heroin / opiates point-of-sale distribution is somewhat organized or loosely organized (Figure 30). Street gangs were identified as industry

participants by 52.4% of MDTF with a major or moderate heroin / opiate distribution and point-of-sale problem. This industry is increasing in most areas where it is a major or moderate problem. Of the MDTF indicating heroin / opiates point-of-sale distribution is a major or moderate problem, 95.2% noted the industry has increased in their jurisdictions while 4.8% stated it has remained constant (Figure 31).

Figure 30
Organization of Heroin / Opiates Distribution and Point-Of-Sale
as Perceived by Multi-Jurisdictional Drug Task Forces
2014

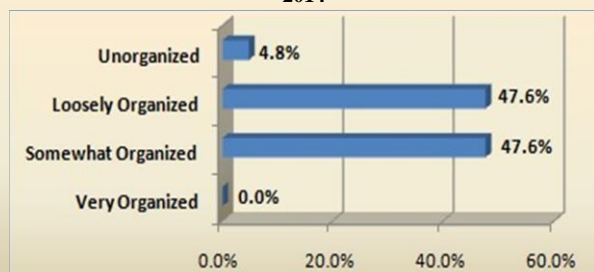
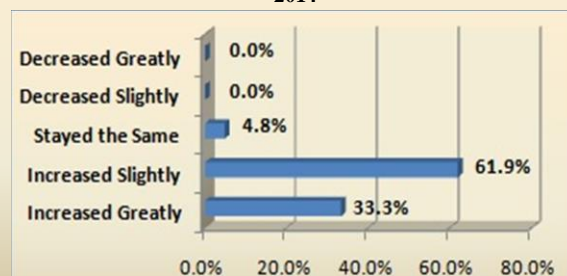


Figure 31
Growth Trends of Heroin / Opiates Distribution and Point-Of-Sale
as Perceived by Multi-Jurisdictional Drug Task Forces
2014



Hallucinogens

LSD (lysergic acid diethylamide) and PCP (phencyclidine) are the more commonly abused hallucinogens in Missouri. The NDIC reports LSD is produced by a small network of chemists located in California and the Pacific Northwest. LSD is produced less extensively throughout the country by individuals. It typically is sold in crystal, tablet, or liquid forms. Liquid LSD is ingested in sugar cubes, gelatin squares, or blotter paper available in single to multi-thousand dosage units. The NDIC reports PCP is produced by California street gangs. PCP encountered in Missouri is sold as PCP laced cigarettes, cigars, or marijuana as well as in liquid, tablet, and powder forms. Psilocybin is a hallucinogenic drug found in psilocybin mushrooms.

The 2012 National Survey on Drug Use & Health¹⁷ estimates about 1.1 million persons aged 12 or older or 0.4% of the U.S. population used hallucinogens in the past month in 2012. This is about the same prevalence of use noted by the National Survey in 2011.

An analysis of LSD and PCP quantities seized by MDTF indicates distribution of these drugs is not as widespread in Missouri as other parts of the U.S. Of MDTF surveyed in 2014, no drug task forces indicated LSD or PCP was a moderate or major problem in their jurisdiction. Of these MDTF, however, 74.4% indicated LSD distribution point-of-sale was a minor problem and 59.3% indicated PCP distribution point-of-sale was a minor problem in their jurisdictions. Two (7.4%) MDTF indicated that the distribution and point-of-sale of psilocybin is a major or moderate problem in their jurisdiction and 59.3% indicated it is a minor problem in their jurisdictions.

In Fiscal Year 2012, MDTF seized 494 ounces of PCP and 27 ounce of LSD (Table 19). The number of doses of hallucinogenic drugs seized by MDTF increased 33.7% in 2013 from 464 doses compared to 347 in 2011 (Table 26).

Ecstasy and Designer Drugs

According to the NDIC, ecstasy use in the country has increased in recent years. Ecstasy is a stimulant with mild hallucinogenic properties taken orally in tablet or capsule form. According to the DEA, clandestine laboratories in rural areas of the Netherlands and Belgium produce approximately 80% of ecstasy consumed worldwide. Other countries where laboratories have been found include Canada, Australia, Germany, and several Eastern European countries. Ecstasy is smuggled into New York, Los Angeles, and Miami on commercial airlines from Europe, Canada, and Mexico. From these U.S. cities, it is distributed to other states by couriers on domestic commercial flights or mail / package services.

An analysis of ecstasy and designer drug quantities seized by MDTF indicates distribution and point-of-sale of these drugs has recently decreased in the state. In Fiscal Year 2008, 13,195 ounces of ecstasy were seized by MDTF while less than 20 ounces of ecstasy were seized in each fiscal year since 2009 (Table 19). Seizures of ecstasy doses have also decreased in recent years. In Fiscal Year 2009, 20,332 doses of ecstasy were seized by MDTF as compared to only 1,861 doses seized in Fiscal Year (Table 26).

In an industry profile survey completed by MDTF, six MDTF, or 22.2% of the respondents, reported ecstasy or designer drugs are a major or moderate problem in their jurisdictions (Table 7). These drug task forces also stated that ecstasy and designer drugs are most commonly sold from private residences and in bars and nightclubs. Of the MDTF that stated a major or moderate problem with this industry, all indicated ecstasy and designer drugs were sold from private residences and in bars / nightclubs (Table 33). Other locations where ecstasy and designer drugs are commonly distributed and sold include vehicles, streets and parking lots, hotels and motels, and in work places.

Table 33
Ecstasy / Designer Drug Distribution and Point-Of-Sale
Locations as Perceived
by Multi-Jurisdictional Drug Task Forces
2014

Private Residence	100.0%
Bar / Night Club	100.0%
Vehicle	83.3%
Street / Parking Lot	83.3%
Hotel / Motel	66.7%
Work Place	66.7%
School / Playground	50.0%

Ecstasy and designer drugs are often distributed and sold by young white males. Of the MDTF indicating ecstasy / designer drug distribution and point-of-sale is a major or moderate problem, one half identified both males and females participate in the industry and one half identified only males participate (Table 34). Nearly three quarters (74.7%) of MDTF with a major or moderate ecstasy / designer drug problem identified Caucasians as participants and 72.5% identified persons aged 18 to 25 were involved in ecstasy / designer drug distribution and point-of-sale.

Table 34
Demographic Characteristics of Persons
Involved in Ecstasy / Designer Drugs Distribution and
Point-Of-Sale as Perceived by
Multi-Jurisdictional Drug Task Forces
2014

Gender		
Male		50.0%
Female		0.0%
Both		50.0%
Race		
Caucasian		74.7%
African American		15.3%
Hispanic		5.0%
Asian		4.2%
Other		0.8%
Age Group		
17 & Under		5.8%
18 - 25		72.5%
26 - 35		19.2%
36 - 50		2.5%
Over 50		0.0%

Distribution and point-of-sale of ecstasy and designer drugs is not a very organized industry in Missouri. Of the MDTF noting this industry as a major or moderate problem, one half indicated the industry is loosely organized while 33.3% indicated ecstasy and designer drugs point-of-sale distribution is unorganized (Figure 34). Of the MDTF stating this industry is a major or moderate problem in their jurisdictions, six (33.4%) indicated gangs were involved in ecstasy and designer drug distribution. Ecstasy and designer drug distribution and point-of-sale appears to be staying the same in some parts of the state while increasing and decreasing in others. One half of the MDTF with a major or moderate problem with this industry stated it has remained the same (Figure 35). However, another third (33.3%) of these drug task forces indicated the industry was increasing and 16.7% indicated it was decreasing.

Figure 34
Organization of Ecstasy / Designer Drugs Distribution and
Point-Of-Sale as Perceived by
Multi-Jurisdictional Drug Task Forces
2014

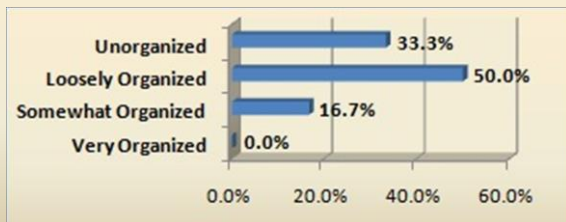


Figure 35
Growth Trends of Ecstasy / Designer Drugs
Distribution and Point-Of-Sale
as Perceived by Multi-Jurisdictional Drug Task Forces
2014



Pharmaceuticals

Pharmaceutical drugs include narcotics, depressants, and stimulants that are legally available with authorized medical prescriptions. Illicit use and distribution and point-of-sale of pharmaceuticals is becoming a problem in most regions of the state. The NDIC reports the most abused pharmaceutical drugs are illegally obtained from forged prescriptions, improper prescribing, and theft. Pharmaceuticals are increasingly being smuggled from Mexico or obtained from Internet pharmacies supplied by sources in Mexico or other foreign countries.

The 2012 National Survey on Drug Use & Health¹⁷ estimates 2.6% of the U.S. population aged 12 or older had used prescription-type psychotherapeutic drugs non-medically in the past month 2012. This is about the same prevalence of use noted by the National Survey from 2002 to 2011.

Illicit use of pharmaceutical drugs is occurring throughout Missouri. Of the MDTF responding to a drug industry survey, 81.5% indicated this industry is a major or moderate problem in their jurisdictions (Table 7).

The most commonly abused pharmaceutical drugs identified by Missouri drug task forces are the narcotics oxycontin and vicodin. Of the drug task forces that have a major or moderate problem with distribution and point-of-sale of pharmaceutical drugs, all identified these drugs as an abused pharmaceutical drug (Table 35). The NDIC reports oxycontin is frequently abused as a heroin substitute, and the drug has euphoric effects, mitigates pain, and decreases withdrawal effects associated with heroin abstinence. Oxycontin is produced in oral tablets but abusers often crush these to inhale the powder. Tablets also are dissolved in water and the solution is then injected. Other narcotic pharmaceutical drugs illegally distributed and sold include morphine, fentanyl, methadone, and codeine. All surveyed MDTF also indicated xanax, a generic name for alprazolam, is a commonly abused pharmaceutical drug. Xanax is a sedative which possess anxiolytic, skeletal relaxant, and amnesic properties and its euphoric and sedative effects are the primary reasons for illicit use of this drug. Valium is another illegally distributed and sold pharmaceutical sedative.

Stimulants are legitimately prescribed to treat attention disorders, obesity, and narcolepsy. Because these drugs increase concentration, alertness, and energy, they are commonly misused. Adderall is the most commonly abused stimulant. Over one half (63.6%) of the MDTF that perceived distribution and point-of-sale of pharmaceutical drugs as a major or moderate problem also indicated adderall is illegally sold. Another illegally distributed and sold stimulant is ritaline.

Pharmaceuticals are illegally sold from most locations. Of the MDTF noting this industry as a major or moderate problem, all identified residences as illegal pharmaceutical sale locations (Table 36). Other pharmaceutical distribution and point-of-sale locations commonly identified by MDTF include vehicles, streets and parking lots, hotels and motels, and bars and nightclubs.

Most sellers and distributors of illegal pharmaceutical drugs are white males or females. Of the MDTF noting this industry as a major or moderate problem in their jurisdictions, nearly all (90.9%) identified both males and females were participants

Table 35
Narcotics, Depressants, and Stimulants Associated with Pharmaceutical Drugs Perceived as a Major or Moderate Problem by Multi-Jurisdictional Drug Task Forces 2014

<u>Narcotics</u>		<u>Stimulants</u>	
Oxycontin	100.0%	Adderall	63.6%
Vicodin	100.0%	Ritalin	36.4%
Morphine	86.4%	Dexedrin	4.5%
Fentanyl	59.1%	Meridia	0.0%
Methadone	59.1%	Other	4.5%
Codeine	54.5%		
Dilaudid	22.7%		
Avinza	0.0%		
Other	9.1%		
<u>Depressants</u>		<u>Other Pharmaceutical</u>	
Xanax	100.0%	Anabolic Steroid	18.2%
Valium	72.7%	Testosterone	13.6%
Seconal	4.5%	Viagra	0.0%
Other	9.1%	Dextromethorphan	4.5%

Table 36
Pharmaceutical Distribution and Point-Of-Sale Locations as Perceived by Multi-Jurisdictional Drug Task Forces 2014

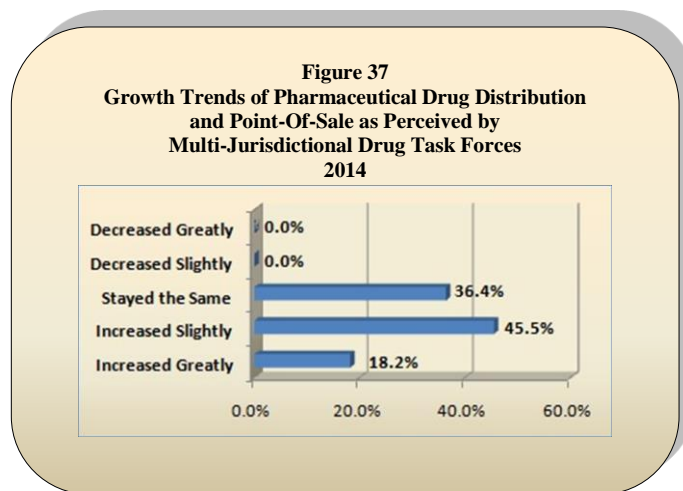
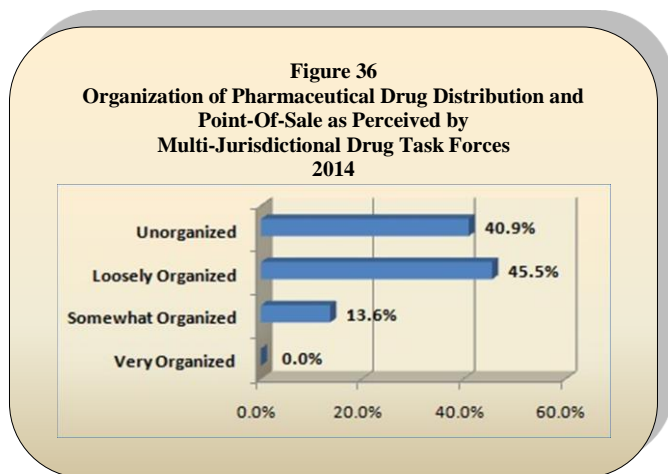
Private Residence	100.0%
Vehicle	90.9%
Street / Parking Lot	81.8%
Hotel / Motel	68.2%
Work Place	59.1%
Bars / Night Club	77.3%
Schools/Playground	59.1%

Table 37
Demographic Characteristics of Persons Involved in Pharmaceutical Distribution and Point-Of-Sale as Perceived by Multi-Jurisdictional Drug Task Forces 2014

<u>Gender</u>	
Male	0.0%
Female	9.1%
Both	90.9%
<u>Race</u>	
Caucasian	75.2%
African	13.5%
American	
Hispanic	9.4%
Asian	1.6%
Other	0.0%
<u>Age Group</u>	
17 & Under	8.6%
18 - 25	28.0%
26 - 35	28.0%
36 - 50	25.5%
Over 50	10.2%

(Table 37). In addition, 75.2% of these task forces noted Caucasians are involved in this industry and persons from all age groups illegally sold pharmaceutical drugs.

Distribution and point-of-sale of pharmaceutical drugs has two distinct levels of organization in Missouri. Of the MDTF that believed this industry is a major or moderate problem, 40.9% indicated industry participants are unorganized while 59.1% indicated the industry is somewhat organized or loosely organized (Figure 36). Only one MDTF indicated this industry involves outlaw motorcycle gangs. Distribution and point-of-sale of pharmaceutical drugs is increasing in some areas of Missouri. Of the MDTF indicating this industry is a major or moderate problem, 45.5% noted it is slightly increasing in their jurisdictions and 18.2% stated it is greatly increasing. All other MDTF perceived this industry is not changing (Figure 37).



New Illicit Drugs

Over time new illicit drugs and support industries appear in Missouri. As part of their quarterly progress reports submitted to the DPS, Missouri crime laboratories were asked to identify new illicit drugs in processed cases. From a review of these reports it was determined that prevalence of use of several new illicit drugs is increasing in Missouri. A discussion of these drugs based on NDIC publications follow.

Club Drugs

Club drugs are commonly sold and abused at dance clubs by adolescents and young adults. Included in this new group of drugs are GHB, ketamine, rohypnol, benzylpiperazine (BZP), and TFMPP. Ecstasy, discussed previously, also is considered a club drug.

Because GHB and rohypnol have sedative properties, they have been used to facilitate sexual assaults. Victims are quickly rendered unconscious when they unknowingly ingest GHB or rohypnol that had been added to their drinks by an offender. Once consciousness is regained, victims have no memory of the assault and only a sense they were sexually violated.

With the exception of xyrem available by prescription, GHB is an illegal substance produced in domestic and foreign laboratories. GHB is known to be produced in Florida, Nevada, Texas, Oregon, and the Midwest. Foreign GHB is produced in Canada, Mexico, Europe, and Israel. Rohypnol is sold legally in several foreign countries including Mexico. Rohypnol is taken orally as tablets or crushed into powder and inhaled nasally or dissolved in liquid for injection.

Benzylpiperazine is often sold as a dietary supplement but has no dietary value. Retailers claim that BZP is a “natural” product, describing it as an “herbal high”, when in fact it is entirely synthetic and has not been found to occur naturally. BZP is a recreational drug with euphoric stimulant properties. BZP produced effects are comparable to those produced by amphetamines.

Ketamine is legally used in veterinary medicine as a rapidly acting preoperative anesthetic and for emergency surgeries. In addition to its analgesic properties, ketamine is known to affect users as a stimulant, depressant, and hallucinogenic. It is produced legally in the U.S., Belgium, China, Colombia, Germany, and Mexico. Because it is very difficult to produce in clandestine laboratories, ketamine is obtained by theft from domestic and foreign veterinary offices or smuggled into the U.S. from Mexico.

Cathinone

Cathinone, also known as khat, is a Schedule 1 substance obtained from the fresh leaves of a flowering evergreen shrub native to Northeast Africa and the Arabian Peninsula. Leaves are chewed quickly, usually within 48 hours following harvest because of the plant's limited shelf life. After this time period the leaves turn into cathine, a Schedule IV drug. Ingestion of the drug increases heart rate, blood pressure and reportedly sharpens concentration and increases energy. When chewed in moderation, khat alleviates fatigue and reduces appetite.

Immigrants to the U.S. from Somalia, Ethiopia, and Yemen typically use khat casually or as part of religious ceremonies. Other demographic groups have been reported to use the drug and it is expected to become increasingly available. However, because of its less appealing effects and short period of potency, popularity of this drug has been limited.

Salvia

Salvinorin A is a hallucinogen derived from the herb *Salvia Divinorum*, a member of the mint family native to Oaxaca, Mexico. While not native to the U.S., it has been grown both indoors and outdoors in Hawaii and California. Salvinorin A is ingested by smoking or chewing the plant or by drinking brewed tea. The plant is typically purchased on the Internet from retailers in California, Hawaii, Missouri, New York, Washington, and Wisconsin. Although the drug is widely available, its popularity has not increased because of its antisocial hallucinogen effects.

Alkyl Nitrates

Alkyl nitrates, once used to medically ease chest pains or angina, are now inhaled recreationally. They are distributed in small bottles filled with liquid alkyl nitrates which are broken and then inhaled, leading to their street name of poppers or snappers. Unlike other inhalants that act directly on the central nervous system, alkyl nitrates act primarily to dilate blood vessels and relax muscles. And while other inhalants are used to alter mood, nitrates are used primarily as sexual enhancers. Some people use Viagra along with poppers regardless of the lethal risks associated with this combination of drugs.

K2

K2 is a mixture of herbs and spices that is sprayed with synthetic cannabinoids. It is known by several names such as Summit, Standard, and Citron. When smoked, the mixture produces effects similar to those of cannabis although it has been reported to have effects more comparable to methamphetamine. Some side effects reported by users include vomiting, rapid heartbeat, dangerous elevated blood pressure and hallucinations. However, K2 has not been tested on humans so all related side effects of the drug are unknown. Although K2 is legal in most states, Kansas and Missouri have passed legislation to legalize it. In 2010 the 95th Missouri General Assembly passed House Bill (HB) 1472 that added K2 (1-pentyl-3-(1-naphthyl)indole) to the Schedule 1 controlled substances list.

Mescaline

Mescaline (3, 4, 5-trimethoxyphenethylamine) is a substance that is contained in tops of peyote cactus plants. The drug is obtained by cutting the top of the cactus plant and removing the oval "buttons" contained in the cactus crown. These brown oval buttons are then dried and consumed by either smoking or chewing the substance. The substance can also be soaked in water creating an intoxicating liquid. The effects of peyote is visual hallucinations

and users can experience a dream like state of mind. Side effects of the drug include an increased heart rate, vomiting, headaches, and dizziness.

Bath Salts

Ingestion of bath salt has emerged as a new trend among young adults and teens. According to the NIDA, synthetic powders can be obtained on-line or from drug paraphernalia stores under the names of "Ivory Wave", "Purple Wave", "Red Dove", "Blue Silk", "Zoom", "Bloom", "Cloud Nine", "Ocean Show", "Lunar Wave", "Vanilla Sky", "White Lightning", "Scarface", and "Hurricane Charlie". Bath salts often contain various amphetamine-like chemicals, such as methylenedioxypyrovalerone (MPDV), mephedrone and pyrovalerone. They are typically taken orally, inhaled, or injected. Because use of this drug is relatively new, short and long term effects of the drug are not well documented but chest pain, increased blood pressure, increased heart rate, agitation, hallucinations, extreme paranoia, and delusions have been reported.

VIOLENT CRIME IN MISSOURI

Crime and the threat of being victimized have a continuing impact on Missouri citizens. In a public opinion survey conducted by the MSHP in 2011, Missouri citizens were asked to rank ten social issues facing America in order of importance. These issues were analyzed based on their being ranked as one of the top three problem areas in the nation (i.e., ranked 1, 2, or 3). In 2011, crime was considered the most important social issue followed by problems relating to the economy and public education. Responses to a similar 2008 survey were quite different in ranking than 2011. In 2008, crime was considered the most important social issue followed by drug abuse and health care.

In the same 2011 survey respondents also were asked the extent to which they were concerned about being victimized by crime. Of the respondents 40.0% indicated they were seriously or moderately concerned about being victimized by crime in their residence or neighborhood. Also, respondents were concerned about being victimized by crime while traveling Missouri roadways. Of the total, 40.2% indicated they were seriously or moderately concerned. An even higher proportion was concerned about being involved in a traffic accident while traveling on Missouri roadways. Of the total, 40.3% indicated they were seriously or moderately concerned. One of the primary sources of data related to the occurrence of violent crime in Missouri is the Missouri Uniform Crime Reporting (UCR) Program. This information system contains data on the number of violent crimes reported to police as well as arrests made for violent crime incidents. In 2001, reporting to the UCR Program became mandatory for all Missouri law enforcement agencies. Law enforcement agencies' compliance to this mandate is nearly 100%.

In the UCR Program, eight major offenses are used to measure the magnitude of crime. These offenses are included because of their frequency of occurrence and the fact they are most likely to be reported to law enforcement agencies. These eight offenses are: murder, forcible rape, robbery, aggravated assault, burglary, theft, motor vehicle theft, and arson. The first four make up the Violent Crime Index which is discussed here.

Violent Crime

In 2013, 26,028 violent crime index offenses occurred in the State of Missouri. In other words, one violent crime was committed every 20.2 minutes.

On a per 100,000 population basis, 449.8 violent crime index offenses were committed in 2012. Comparing the 2012 violent crime rate with 2011 (449.8 vs. 445.2), Missouri experienced a 1.0% increase (Figure 40). Comparing annual rates of change in violent crime since 2002, Missouri experienced a 16.2% decrease in violent crime on a per 100,000 population basis in 2012 (Figure 41).

Figure 40
Missouri Violent Crime Rate
2002 - 2012

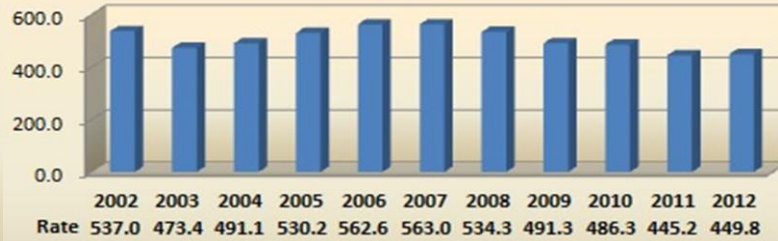
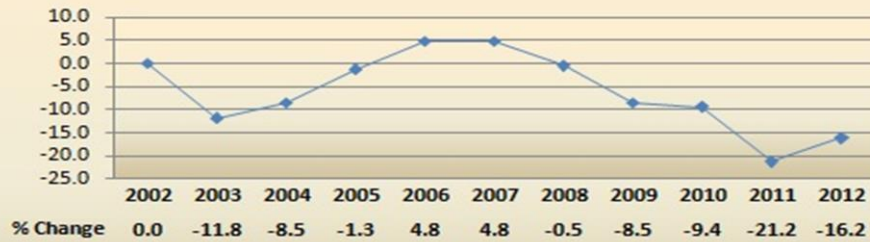


Figure 41
Missouri Violent Crime Rate
Percent of Change
2002 - 2012



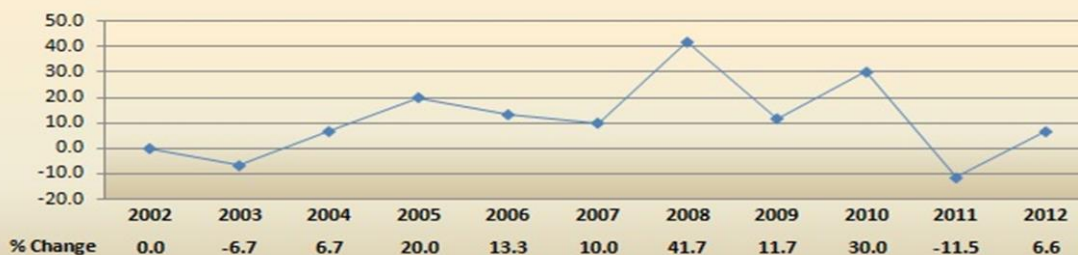
Murder

Although murder is the least frequently occurring violent index offense, it is the most important since loss of life is involved. Since 2002, the murder rate has mostly decreased except in years 2004, 2005, 2008, 2010, and 2012 (Figure 42). The murder rate increased from 6.4 in 2011 to 6.5 in 2012, a 1.5% increase. Comparing annual percent's of change for this offense since base year 2002, Missouri experienced a 6.6% decrease in 2012 (Figure 43).

Figure 42
Missouri Murder Rate
2002 - 2012



Figure 43
Missouri Murder Rate
Percent of Change
2002 - 2012



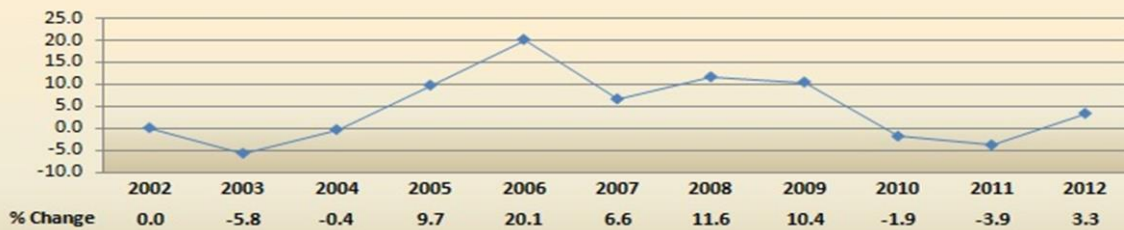
Rape

In 2002, the rape offense rate per 100,000 populations was 25.9 (Figure 44). An examination of the long-term trends associated with this offense shows an increase from 2003 through 2006 and then decreases from 2008 through 2011. The rate of rape slightly decreased in 2007 and again from 2009 through 2011. Missouri experienced a rate increase in 2012 of 3.3% from the previous year. When examining annual rape percents of change since base year 2002, Missouri experienced a 3.5% decrease in 2012 (Figure 45).

Figure 44
Missouri Rape Rate
2002 - 2012



Figure 45
Missouri Rape Rate
Percent of Change
2002 - 2012



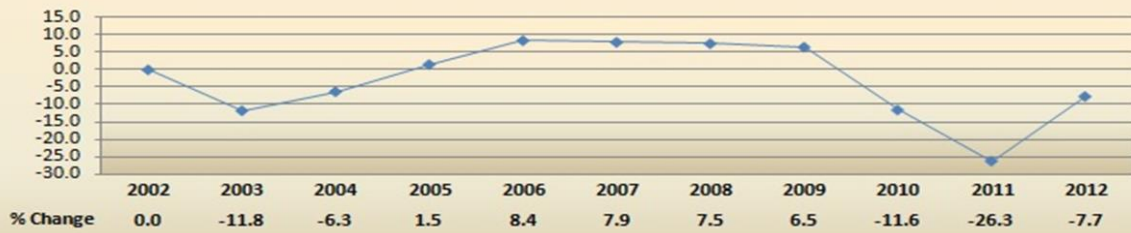
Robbery

The robbery offense rate per 100,000 populations was 123.3 in 2002 (Figure 46). It is apparent from examination of the long-term trends of robbery offense rates per 100,000 populations decreased from 2001 through 2003 but have generally increased from that year through 2006 and the rates continually decreased through 2012. When compared to base year 2002, Missouri has experienced an overall 7.7% decrease in its robbery rate in 2012 (Figure 47).

Figure 46
Missouri Robbery Rate
2002 - 2012



Figure 47
Missouri Robbery Rate
Percent of Change
2002 - 2012



Aggravated Assault

Missouri experienced 322.4 aggravated assaults per 100,000 in 2012 (Figure 48). When examining long-term trends using 2002 as a base year, aggravated assault rates have fluctuated. In 2012 however, Missouri experienced a 3.6% increase in aggravated assaults compared to 2011. However compared to 2002, Missouri had a 15.3% decrease in this offense type in 2012 (Figure 49).

Figure 48
Missouri Aggravated Assault Rate
2002 - 2012

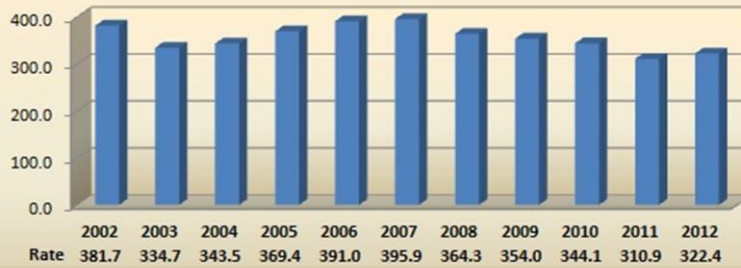


Figure 49
Missouri Aggravated Assault Rate
Percent of Change
2002 - 2012



SECTION III: Problem Areas and Responses

The state of Missouri is not unique to the problem areas that exist nationwide as it relates to crime and illicit drug use. State and local government entities continue to experience decreasing budgets but increasing demand for criminal justice services. As the country's economy suffers, law enforcement agencies continue to experience an increase in drug arrests, as well as drug seizures and drug trafficking throughout the state. In addition, law enforcement agencies are experiencing an increase in child abuse and an increase in youth participants in the use and sale of illicit drugs, as well as the use of alcohol. Drugs are being transported from other countries and other states to the state of Missouri. Efforts to combat illicit drug use, and the violent crime that often accompanies such drug use, however, continues to be addressed in a reactive manner due to limited manpower and resources. These reactive actions are operated in a status quo fashion, with limited innovative or aggressive philosophy in the approach to crime and drug-related issues. A need exists to develop juvenile treatment and intensive supervision programs within the Missouri Division of Youth Services, continue adult drug treatment programs within the Missouri Department of Corrections, and add court-supervised drug treatment programs, which would be an alternative to incarceration, but adequate local, state, and federal funding is not available to make all of this possible. With the increase in drug arrests and seizures, the prosecution and court programs are experiencing an increase in filing of drug-related charges and the crime laboratories are experiencing an increase in caseload, which results in an increase in backlog as well. The state of Missouri also faces a need for uniform reporting standards. The current reporting practices are untimely and inadequate, which results in incomplete criminal histories with the current reporting methods.

These problem areas are a perpetual cycle and have an effect on all sectors of the criminal justice system in Missouri.

While other states have discontinued using JAG funds to fund drug task forces, the state of Missouri continues to support this purpose area. Critics have long argued that they are a legacy program and are preventing other innovative programs from receiving funding, but the Missouri Department of Public Safety believes the role of the drug task forces in the state of Missouri is paramount. The JAG program is the only source of federal funding for drug task force projects, and as such, Missouri has continued to award monies for this purpose area.

Through FY14, there has never existed a universal means to "grade" the performance of each drug task force. Missouri has a very diverse geographical make-up, and consequently each drug task force has molded over the years based on their area of operation and available resources. Several of the drug task forces are operated by their parent Sheriff's Office. Several other drug task forces are operated by the Missouri State Highway Patrol. A handful of drug task forces are independent, relying solely on private sources for their funding, such as grant monies, federal forfeitures, and member contributions. There also exist two (2) metropolitan drug task forces operated under a Board of Police Commissioners and one (1) drug task force operated by the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF). With these varying operations, the focus of any particular Missouri drug task forces varies from street-level to mid-level to high-level narcotic activities. In addition, only half of the drug task forces in Missouri have partnerships with other federal agencies, such as, but not limited to, the ATF, FBI, DEA, or HIDTA. These partnerships offer additional resources (personnel, intelligence, and financial), but not all Missouri drug task forces are able to establish these partnerships due to a lack of interstate and population in their service area. Not all Missouri drug task forces are able to obtain support from their member agencies either. The member agencies expect narcotic surveillance and enforcement in their area but are unable to contribute any means of resources to the cause due to decreasing local budgets and the loss of department personnel.

In response to decreases in federal JAG funding and increased criticism of requests for state funding to supplement the federal JAG funding, the Missouri Department of Public Safety began discussions in FY14 to evaluate the JAG program and to identify any shortfalls that existed with the funded projects.

On June 20, 2013, the Missouri Department of Public Safety held a meeting in Jefferson City with the drug task force commanders to discuss changes to the quarterly Status Report. The template that had been used was

outdated. The Missouri Department of Public Safety sought recommendations for changes and assistance in clarifying the questions and instructions to ensure the verbiage was appropriately worded for law enforcement use. During this meeting, it was identified that the drug task forces had been reporting differently than one another for many, many years. As changes in personnel occurred within the drug task forces, the questions were being interpreted differently, and the data sets were not allowing for the appropriate responses.

On August 7, 2013, the Missouri Department of Public Safety held a follow-up meeting in Jefferson City with the drug task force commanders to discuss the changes that had been proposed during the June 20, 2013 meeting and also to provide information about the upcoming fiscal year funding.

On August 22, 2013, the Missouri Department of Public Safety contacted the Missouri Sheriffs Association (MSA), Missouri Police Chiefs Association (MPCA), Missouri State Highway Patrol (MSHP), and Missouri Narcotic Officers Association (MNOA) in search of volunteers to assist with the review process of the FY14 drug task force applications. A total of 10 persons (3 Sheriffs, 3 Police Chiefs, 2 Highway Patrol representatives, and 1 MNOA representative) were identified and eventually would be coined the “DTF Advisory Group”.

On September 18, 2013, the Missouri Department of Public Safety and the DTF Advisory Group met to make funding recommendations for the FY14 State JAG applications. From this grant review meeting, the Missouri Department of Public Safety began instilling its prior areas of funding to include: 1) licensed police officers dedicating their work to investigating narcotic crimes, 2) vehicles used by the aforementioned officers, 3) fuel for the vehicles used by the aforementioned officers, and 4) insurance for the vehicles used by the aforementioned officers. In addition, the average salary of a narcotic officer in Missouri was considered. It was determined to limit the salary funding to \$47,050 with fringe benefits of no more than 40% of salary. It was during this period that the Missouri Department of Public Safety also discontinued the use of grant funding for confidential funds. Lastly, positions that provide intelligence and/or evidence support would be considered for the grant year but may not receive continued funding in future years. Overall, these difficult funding decisions will become the basis for funding decisions in the future fiscal years and will steer the restructuring vision for the drug task force projects in the future fiscal years.

On October 18, 2013, during the MNOA Conference, the Missouri Department of Public Safety met with the drug task force commanders at Lake Ozarks, MO. During this meeting, discussions were held regarding the need to implement statewide changes to ensure successful, evidence-based practices were being utilized and to ensure a continuation of funding for drug task force projects. It was recognized that these changes would not occur overnight but rather that Missouri would embark on a 3-year plan to implement such changes. The discussion included, but was not limited to, the need to demonstrate that federal and state funding was benefiting the entire state, minimum performance metrics by which to evaluate the drug task force projects, increased information sharing and collaboration amongst the drug task forces, increased public awareness and public education, and creation of a source of revenue for continued and/or supplemental funding for the drug task forces.

With the announcement of a 3-year plan, the Missouri Department of Public Safety identified the following outline:

- Year 1 (FY14) – develop statewide goals and objectives by which all JAG-funded drug task forces should strive to accomplish. These goals and objectives, along with their purpose, would be shared with the drug task forces.
- Year 2 (FY15) – the 2014 JAG funding opportunity would collect information relating to the status of the drug task force projects in meeting (or taking action to meet) the new goals and objectives. Upon collection of the responses, the goals and objectives would be re-evaluated to determine if revisions were necessary. Feedback would be provided to the drug task forces during the regional quarterly meetings and the semi-annual commander meetings to ensure the drug task force commanders were aware of their standing as compared to the state.

- Year 3 (FY16) – the 2015 JAG funding opportunity would collect information relating to the status of the drug task force projects in meeting (or taking action to meet) the revised goals and objectives. Funding decisions would be made based on the responses and actions (or lack thereof) taken to meet the statewide goals and objectives.

The Missouri Department of Public Safety and the DTF Advisory Group met during December 2013, January 2014, and February 2014 and developed the following goals and objectives:

I. Goal #1 – Collaboration with Other Law Enforcement Agencies

A. Objective #1 – Coverage and Collaboration

1. Does the project serve a county or city not previously served by a drug task force?
2. Is there a county or city within or contiguous to the project service area not served by a drug task force?
 - If Yes, identify the area(s) not served and the reasoning.
 - If No, explain.
3. Does the project have a minimum of 10 agencies (not including a Prosecutor's Office) signing its Memorandum of Understanding (MOU)?
 - If Yes, identify each of the signing agencies.
 - If No, identify each of the signing agencies and explain why the project does not have 10 signers.
4. Does the task force actively engage with a prosecutor in the service area?
 - If Yes, explain.
 - If No, explain the plan to become more actively involved with a prosecutor(s) in the service area.

B. Objective #2 – Investment

1. Do all of the agencies signing the MOU contribute resources (personnel, currency, equipment, fuel, office space, etc) to the task force?
 - If Yes, explain.
 - If No, identify the agencies that do not contribute and the reasoning.

C. Objective #3 – Deconfliction

1. Has the task force adopted a standard operating procedure for the de-confliction of all cases, to include when to deconflict, how to deconflict, and through which means?
 - If Yes, explain.
 - If No, identify the plan to implement such procedure.

D. Objective #4 – Information Sharing

1. Has the task force adopted a standard operating procedure for information sharing to include how information will be shared?
 - If Yes, explain.
 - If No, identify the plan to implement such procedure.
2. Does the task force participate in quarterly regional meetings?
 - If Yes, explain.
 - If No, identify the plan to coordinate and/or participate in quarterly regional meetings.
3. Does the task force participate in semi-annual statewide drug task force commander (OIC) meetings?
 - If Yes, explain.
 - If No, identify the plan to participate in semi-annual statewide meetings.

II. Goal #2 – Minimum Standards

A. Objective #1 - Standard Operating Procedures (SOPs)

1. Has the task force adopted a SOP for the hiring/selection of personnel?

- If Yes, identify the name and/or number of the SOP.
- If No, identify the plan to implement such procedure.
- 2. Has the task force adopted a SOP for the development and use of informants?
 - If Yes, identify the name and/or number of the SOP.
 - If No, identify the plan to implement such procedure.
- 3. Has the task force adopted a SOP for the collection and storage of evidence?
 - If Yes, identify the name and/or number of the SOP.
 - If No, identify the plan to implement such procedure.

B. Objective #2 – Minimum Training

- 1. Have all narcotic officers received Basic Narcotic School (1 week) and Advanced Narcotic School (1 week) training?
 - If Yes, identify the training provider(s).
 - If No, identify the plan to obtain such training.
- 2. Have all narcotic officers received Clandestine Meth Lab Certification (1 week)?
 - If Yes, identify the training provider(s).
 - If No, identify the plan to obtain such training.

III. Goal #3 – Prevention and Education Activities

A. Objective #1 – Prevention

- 1. What is the task force's level of involvement in community prevention programs?
Community prevention programs include, but are not limited to, coalitions, prescription take-back events, neighborhood watch programs, and town hall meetings. Where applicable, describe the prevention program(s) for which the task force is involved and the level of involvement by the task force. The level of involvement should be based on whether the task force coordinates the program, assists in the coordination of the program, or merely participates in the already coordinated program.

B. Objective #2 – Education

- 1. What is the task force's level of involvement in education/training programs?
Education/training programs include, but are not limited to, programs, presentations, and fair/expo booths for businesses, civic organizations, government organizations, law enforcement agencies, libraries, parents, students, teachers, etc. Where applicable, describe the prevention education/training program(s) for which the task force is involved and the level of involvement by the task force. The level of involvement should be based on whether the task force coordinates the program, assists in the coordination of the program, or merely participates in the already coordinated program.

C. Objective #3 – Rehabilitation

- 1. What is the task force's level of involvement in rehabilitation programs?
Rehabilitation programs include, but are not limited to, drug court and treatment programs. Where applicable, describe the rehabilitation program(s) for which the task force is involved and the level of involvement by the task force. The level of involvement should be based on whether the task force coordinates the program, assists in the coordination of the program, or merely participates in the already coordinated program.

On March 11, 2014, the Missouri Department of Public Safety and DTF Advisory Group held a teleconference with Bob Bushman, former Statewide Gang and Drug Task Force Coordinator for the Minnesota Department of Public Safety. Mr. Bushman was highly involved in the reorganization of the drug task forces in Minnesota. During this meeting, the Missouri Department of Public Safety and DTF Advisory Group gathered valuable information and confirmed the actions that have been taken to date have been appropriate.

During the month of March 2014, the drug task forces began hosting regional information sharing meetings. In addition to the drug task force commanders, these meetings were attended by the Deputy Director and/or the Assistant Program Manager from the Missouri Department of Public Safety. These regional meetings were the first time that many of the drug task force commanders met in small groups to share information regarding their operations, deconfliction practices, obstacles, best practices, etc.

On March 25, 2014, during the MNOA Conference, the Missouri Department of Public Safety again met with the drug task force commanders at Lake Ozarks, MO. During this meeting, the newly adopted statewide goals and objectives were discussed in more detail.

On May 13, 2014, the Missouri Department of Public Safety and DTF Advisory Group held a teleconference with Kevin Frampton, Missouri Program Coordinator with Midwest HIDTA. Mr. Frampton provided important information to the DTF Advisory Group regarding HIDTA grant requirements about co-locating of offices and commingling of federal assistance. These requirements would limit, but not completely hinder, the efforts of the newly established statewide goals and objectives.

SECTION IV: Strategic Plan Implementation Status

Implementation of the 2013 JAG funding year began with the review of project applications on May 9, 2013 by a grant review committee consisting of the DPS - CJ/LE Program staff and individuals from the criminal justice and private sector. Forty-nine (49) requests for funding were reviewed within the approved project categories as described below. The grant evaluation process was competitive in nature, and only those grant applications determined to coordinate with the goals and objectives of the statewide strategy were considered for funding. Thirty-one (31) grant awards were made to state and local recipients in the amount of \$3,702,561.09 for the 12-month contract period of July 1, 2013 to June 30, 2014.

In addition, one hundred ninety-five (195) requests for funding were received through the 2014 LLEBG Program. These project applications were reviewed on October 29-30, 2013 by a grant review committee consisting of the DPS – CJ/LE Program staff and individuals from criminal justice agencies. The grant evaluation process was competitive in nature, and only those grant applications determined to coordinate with the goals and objectives of the statewide strategy with an emphasis on officer safety were considered for funding. One hundred fourteen (114) grant awards were made to local recipients in the amount of \$717,175.62 for the 6-month contract period of January 1, 2014 to June 30, 2014.

Finally, two (2) requests for funding were received through the 2012 Wrongful Convictions (WC) Program. These project applications were reviewed internally by DPS – CJ/LE Program staff. Two (2) grant awards were made to local recipients in the amount of \$48,883.50 for the 9-month contract period of April 1, 2014 to December 31, 2014.

Following is a brief summary on each category funded through the DPS - CJ/LE Program during the FY14 funding cycle.

Law Enforcement Programs

Under the 2013 JAG funding opportunity, the CJ/LE Program awarded \$3,250,291.60 to twenty-six (26) multi-jurisdictional drug task forces and \$161,694.35 to one (1) multi-agency law enforcement group for a total of \$3,411,985.95.

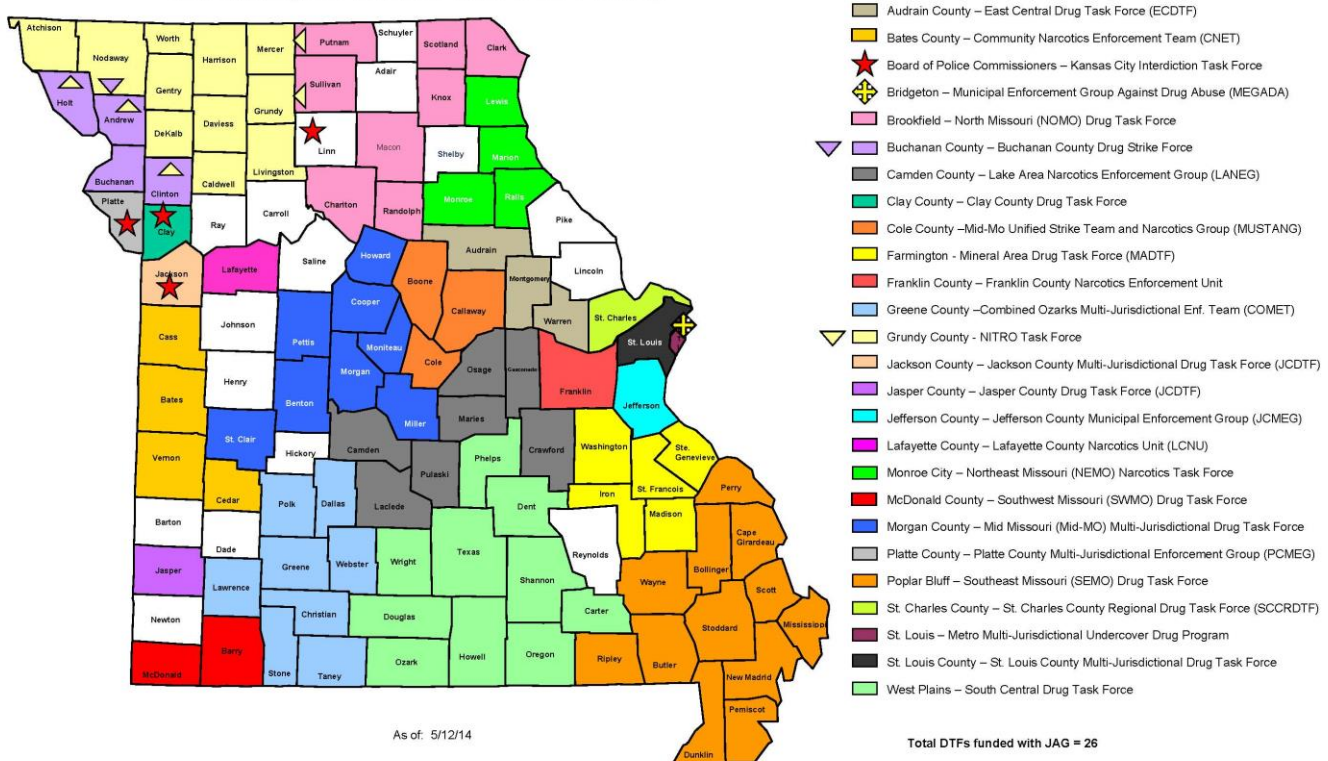
The following Multi-Jurisdictional Drug Task Forces were funded in FY14:

1. Audrain County - East Central Drug Task Force (ECDTF)
2. Bates County - Community Narcotics Enforcement Team (CNET)
3. Board of Police Commissioners - Kansas City Interdiction Task Force
4. Bridgeton City - Municipal Enforcement Group Against Drug Abuse (MEGADA)
5. Brookfield - North Missouri Drug Task Force (NOMO)
6. Buchanan County Drug Strike Force
7. Camden County - Lake Area Narcotics Enforcement Group (LANEG)
8. Clay County - Clay County Drug Task Force
9. Cole County - Mid-Missouri Unified Strike Team And Narcotics Group (MUSTANG)
10. Farmington City - Mineral Area Drug Task Force (MADTF)
11. Franklin County Narcotics Enforcement Unit
12. Greene County - Combined Ozarks Multi-Jurisdictional Enforcement Team (COMET)
13. Grundy County - Northwest Missouri Interagency Team Response Operation (NITRO)
14. Jackson County Multi-Jurisdictional Task Force
15. Jasper County Drug Task Force (JCDTF)

16. Jefferson County Municipal Enforcement Group (JCMEG)
17. Lafayette County Narcotics Unit Task Force
18. Marion County - Northeast Missouri (NEMO) Narcotics Task Force
19. McDonald County - Southwest Missouri (SWMO) Drug Task Force
20. Morgan County - Mid-Missouri (Mid-MO) Multi-Jurisdictional Drug Task Force
21. Platte County Multi-Jurisdictional Enforcement Group (PCMEG)
22. Poplar Bluff City - Southeast Missouri (SEMO) Drug Task Force
23. St. Charles County Regional Drug Task Force (SCCRDTF)
24. St. Louis City - Metro Multi-Jurisdictional Undercover Drug Program
25. St. Louis County Multi-Jurisdictional Drug Task Force
26. West Plains City - South Central Drug Task Force

Of the 114 counties in the state of Missouri, 98 were active participants/members of these multi-jurisdictional enforcement efforts.

2013-2014 JAG FUNDED DTFs



Under the 2014 LLEBG funding opportunity, the CJ/LE Program awarded \$717,175.62 to one hundred fourteen (114) law enforcement agencies. The LLEBG Program is a vital funding mechanism for law enforcement. Short-term contracts are awarded from the less than \$10,000 portion of the JAG Program for purchase of basic law enforcement and officer safety equipment that will enable Missouri law enforcement to meet their local needs. Such items include, but are not limited to light bars, sirens, mobile and portable radios, flashlights, handcuffs, protective clothing, ballistic vests, car cages, in-car cameras, locks, and trauma kits. The breakdown of requested and awarded equipment items is as follows:

2014 LLEBG/JAG Requested Equipment (federal and local match shares combined)		
Item	Quantity	Amount
Vehicles	19	\$ 334,199.99
Light Bars/Lights	315	\$ 225,721.86
Siren/Siren Box	87	\$ 47,764.85
Flashlights	413	\$ 51,358.26
Ballistic Vests	144	\$ 101,429.66
Protective Clothing	518	\$ 55,479.44
In-Car Cameras	58	\$ 199,802.36
Radios/Repeaters	184	\$ 1,640,427.73
Cages/Partitions	70	\$ 51,788.88
Trauma Kits	136	\$ 11,871.63
Misc.	1,125	\$ 353,905.34
TOTAL	3,069	\$ 3,073,750.00

2014 LLEBG/JAG Awarded Equipment (federal and local match shares combined)		
Item	Quantity	Amount
Vehicles	13	\$ 217,489.50
Light Bars/Lights	162	\$ 111,643.55
Siren/Siren Box	56	\$ 29,627.25
Flashlights	290	\$ 31,134.89
Ballistic Vests	107	\$ 75,426.06
Protective Clothing	253	\$ 30,939.13
In-Car Cameras	19	\$ 68,711.00
Radios/Repeaters	116	\$ 198,093.31
Cages/Partitions	59	\$ 46,122.74
Trauma Kits	37	\$ 4,803.24
Misc.	644	\$ 84,909.51
TOTAL	1,756	\$ 898,900.18

Under the 2012 WC funding opportunity, the CJ/LE Program awarded \$48,883.50 for two (2) law enforcement agencies:

1. Mexico Department of Public Safety
2. Pike County Sheriff's Office

The WC Program provided funding to purchase recording equipment, and fund the related installation and training of such equipment, for the purpose of recording custodial interrogations. In 2009, the State of Missouri mandated the recording of custodial interrogations, where feasible, of persons suspected of committing or attempting to commit murder in the first degree, murder in the second degree, assault in the first degree, assault of a law enforcement officer in the first degree, domestic assault in the first degree, elder abuse in the first degree, robbery in the first degree, arson in the first degree, rape in the first degree, forcible rape, sodomy in the first degree, forcible sodomy, kidnapping, kidnapping in the first degree, statutory rape in the first degree, statutory sodomy in the first degree, child abuse, or child kidnapping pursuant to Section 590.700 RSMo, but a challenge to Missouri law enforcement agencies is the cost of purchasing such recording equipment. The WC Program made funds available to accomplish such task.

Prosecution and Court Programs

Under the 2013 JAG funding opportunity, the CJ/LE Program awarded one (1) project for an award of \$30,483.27. This program is designed to improve the criminal justice system's response to domestic and family violence, including spouse abuse and child abuse.

Prevention and Education Programs

Under the 2013 JAG funding opportunity, the CJ/LE Program awarded one (1) project for an award of \$164,522.18. This program is designed to provide the proper supplies and reference materials to law enforcement officers and emergency personnel to help safely respond to clandestine methamphetamine lab incidents and not harm the environment.

Corrections and Community Corrections Programs

No funding assistance was provided to this purpose area during the 2013/2014 funding cycle. Corrections Programs aim to supervise offenders and prepare them for return to their communities. Correctional agencies give inmates opportunities to develop life and work skills that will help their return be successful and are using treatment, work, education, and mental health programs to build these skills. Community-based-corrections are a criminal corrections option that provides an offender with sanctions, supervision, and treatment in a community setting instead of in prison.

Drug Treatment Programs

Under the 2013 JAG funding opportunity, the CJ/LE program awarded one (1) project for an award of \$23,741.74. Drug-treatment-programs identify and meet the treatment needs of adult and juvenile drug dependent and alcohol-dependent offenders. Such programs can include behavioral therapy (such as counseling, cognitive therapy, or psychotherapy), medications, or a combination of both and are intended to provide intensive assistance to those individuals that are battling a substance abuse addiction.

Planning, Evaluation, and Technology Improvement Programs

Under the 2013 JAG funding opportunity, the CJ/LE Program awarded two (1) project for an award of \$71,827.95. This program enhances the State's ability to collect accurate criminal history record information, in a timely manner, and provide the appropriate storage mechanism within the Missouri Criminal Records Repository. The project will continue to enhance the State's ability to collect accurate criminal history record information, in a timely manner. This goal remains a top priority for the State of Missouri and this approved purpose area provides the financial mechanism that enables the State to collect the required criminal records data from all criminal justice entities and provide the appropriate storage mechanism within the Missouri Criminal Records Repository. In addition, local criminal justice agencies are assisted with automated criminal justice reporting to the state central repository to ensure reports are timely, accurate and complete.

Crime Victim and Witness Programs

No funding assistance was provided to this purpose area during the 2013/2012 funding cycle. Crime victim and victim-witness-programs are designed to provide victims, witnesses to crimes, and jurors with services while involved in the criminal justice system. As a victim, such programs are geared to help deal with feelings of confusion, frustration, fear, and anger and explain your rights as a victim or witness. Other activities include advocacy for victims who encounter difficulty accessing services or who believe their statutory or constitutional rights have been denied and notification and assistance to victims whose offender has the potential for parole.

SECTION V: Coordination Efforts

It is recognized illicit drug use and distribution are linked to other types of criminal behavior contributing to social problems facing the State of Missouri. These only can be addressed through coordination of efforts and resources at all levels. The Department of Defense (DOD) 1033 Excess Property Program, Missouri Crime Lab Upgrade Program (MCLUP), Residential Substance Abuse Treatment (RSAT) Program, and State Cyber Crime Grant (SCCG) Program are administered and coordinated by the DPS - CJ/LE Program to prevent duplication of efforts and to build a comprehensive enforcement strategy. With the exception of the DOD 1033 Excess Property Program, these programs are not funded from the Edward Byrne Memorial Justice Assistance Grant (JAG) program but their coordinating efforts assist the projects that are funded from the JAG program

Department of Defense (DOD) 1033 Excess Property Program

The Secretary of Defense is authorized by 10 USC § 2576a to transfer to Federal and State Agencies, personal property that is excess to the needs of the Department of Defense (DOD) and that the Secretary determines is suitable to be used by such agencies in law enforcement activities, with emphasis on counter-drug/counter-terrorism activities, under such terms prescribed by the Secretary. With the exception of shipping or travel costs associated with the acquisition, the property is free of charge.

The authorities granted to the Secretary of Defense have been delegated to the Defense Logistics Agency (DLA) in determining whether property is suitable for use by agencies in law enforcement activities. DLA has final authority to determine the type, quantity, and location of excess DOD personal property suitable for law enforcement activities, if any, which will be transferred to a State or Territory.

Within Missouri, the Department of Public Safety (DPS) is the authorized agency to operate the DOD 1033 Excess Property Program (hereafter “1033 Program”). Specifically within the Department of Public Safety, the Governor-appointed State Coordinator is the Program Manager of the Criminal Justice/Law Enforcement (CJ/LE) Unit. DPS operates as a Transitional Distribution Point (TDP) and is only one (1) of five (5) states that operate in this manner. The benefit of a TDP is that property can be screened in bulk quantities and can be redistributed to local agencies in a short period of time. DPS operates a distribution center in Jefferson City, MO, which provides a central location for agencies to pick up and return 1033 property.

During July 1, 2013 and June 30, 2014, there continued to be an increase in the number of agencies that registered to participate in the 1033 Program. In addition, the DPS continued to see an increase in the number of agencies that requested property compared to FY13. With the ever increasing budget restraints, agencies are utilizing programs like the 1033 Program to help stretch their budget further.

As an approved TDP, DPS staff continued to screen and tag a variety of property including IT equipment, such as desktop, laptop computers, and printers. DPS staff can bring these items back to the TDP and refurbish them prior to issuing them out to the requesting local agencies. This IT equipment is assisting law enforcement agencies in capturing crime statistics data and managing records, as well as interagency networking via the Internet.

In addition to IT equipment, DPS staff tagged a number of other property items to include, but not limited to: watercraft, for the agencies located along one of the many rivers or lakes in the State of Missouri; generators, to assist during power losses due to storms; off-road 4x4 vehicles, to assist with drug eradication; and specialty gear, such as night vision goggles, spotting scopes, and red dot rifle scopes, for use by tactical teams in high risk entry. DPS staff also tagged items needed for the day-to-day operation to include, but not limited to: desks; cold weather clothing; survival blankets, cots, and wool blankets to assist victims in emergency situations; and lockers for storing evidence. In addition, during FY14, DPS staff saw a significant increase in the number of agencies requesting weapons for high-risk search warrant entry and active shooter incident response along with an increase in requests for the off road HMMWV (Hummer) and the Mine-Resistant Ambush Protected (MRAP) vehicle.

Overall, in FY14, DPS staff received 2,409 items valuing \$16,936,213.48.

Missouri Crime Lab Upgrade Program (MCLUP)

Missouri crime laboratories are included in this report because analysis of evidence is a key to the successful prosecution of drug offenders. In addition, data collected from crime laboratories can be an invaluable resource for analyzing Missouri's illicit drug problem. Several crime laboratories receive funding from the state-funded Missouri Crime Lab Upgrade Program (MCLUP) grant administered by the DPS - CJ/LE Program. The MCLUP Program was created pursuant to 650.105 RSMo and funds are collected pursuant to 488.029 RSMo and deposited into the "State Laboratory Forensic Account". These grants provide state-of-the-art equipment, supplies, and manpower to regional crime labs throughout the state to reduce backlogs and increase turnaround in the analysis of evidence.

During the FY14 reporting period, the DPS – CJ/LE Program made six (6) MCLUP awards to state and local recipients in the amount of \$596,195.97. The following crime laboratories received 2014 MCLUP monies for the 12 month contract period of June 1, 2013 to May 31, 2014:

1. Independence Police Department Crime Laboratory
2. Kansas City Police Department Crime Laboratory
3. Missouri State Highway Patrol Crime Laboratory
4. St. Charles County Sheriff's Department Crime Laboratory
5. St. Louis County Police Department Crime Laboratory
6. St. Louis Metropolitan Police Department Crime Laboratory

Residential Substance Abuse Treatment (RSAT) Program

The Residential Substance Abuse Treatment (RSAT) Program was authorized under the federal Violent Crime Control and Law Enforcement Act of 1994, as amended and reauthorized [Public Law 103-322, 42 U.S.C. 3796ff-1(3)]. The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA) is the awarding agency of these federal funds.

The goal of the RSAT Program is to break the cycle of drugs and violence by reducing the demand for, use, and trafficking of illegal drugs.

The objectives of the RSAT Program are to: 1) Enhance the capability of states and units of local government to provide residential substance abuse treatment for incarcerated inmates; 2) Prepare offenders for their reintegration into the communities from which they came by incorporating re-entry planning activities into treatment programs; and 3) Assist both the offenders and their communities through the reentry process

During the FY14 reporting period, the DPS – CJ/LE made two (2) RSAT awards to state and local recipients for the 12-month contract period of June 1, 2013 to May 31, 2014. The total award amount for this period was \$440,663.45. Contracts were awarded to:

1. Missouri Department of Corrections in Bowling Green, MO
2. St. Louis County Justice Services Department in Clayton, MO

The Missouri Department of Corrections project continued the provision of residential substance abuse treatment services to mobility impaired and other special needs offenders who received programming services at Northeast Correctional Center. These clinical services included assessment and treatment planning, group education, group counseling, individual case management, employability skills, individual counseling and referral to community continuing care in the community.

The St. Louis County Justice Services project continued the provision of jail-based substance abuse treatment services to inmates sentenced to the Department of Justice Services Choices Program. In addition, the inmates, as well as released inmates, were given the opportunity to attend weekly Aftercare groups and individual sessions to ensure their continued sobriety and success within the community.

State Cyber Crime Grant (SCCG) Program

In December 2006, the State of Missouri appropriated state monies for the purpose of establishing the Internet Cyber Crime Grant (ICCG) program, which allowed for the funding of salaries of detectives and forensic personnel and training for those individuals whom worked directly with internet crimes relating to child pornography, enticement, solicitation, and other sex-related offenses. State funding was re-appropriated in FY09 but was not re-appropriated for FY10, FY11, FY12, or FY13. Therefore, in FY13, the State of Missouri, Department of Public Safety, allocated monies from the Recovery-JAG Program in order to retain the previously funded positions and to continue the enforcement and public training provided by the cyber crime units within the state.

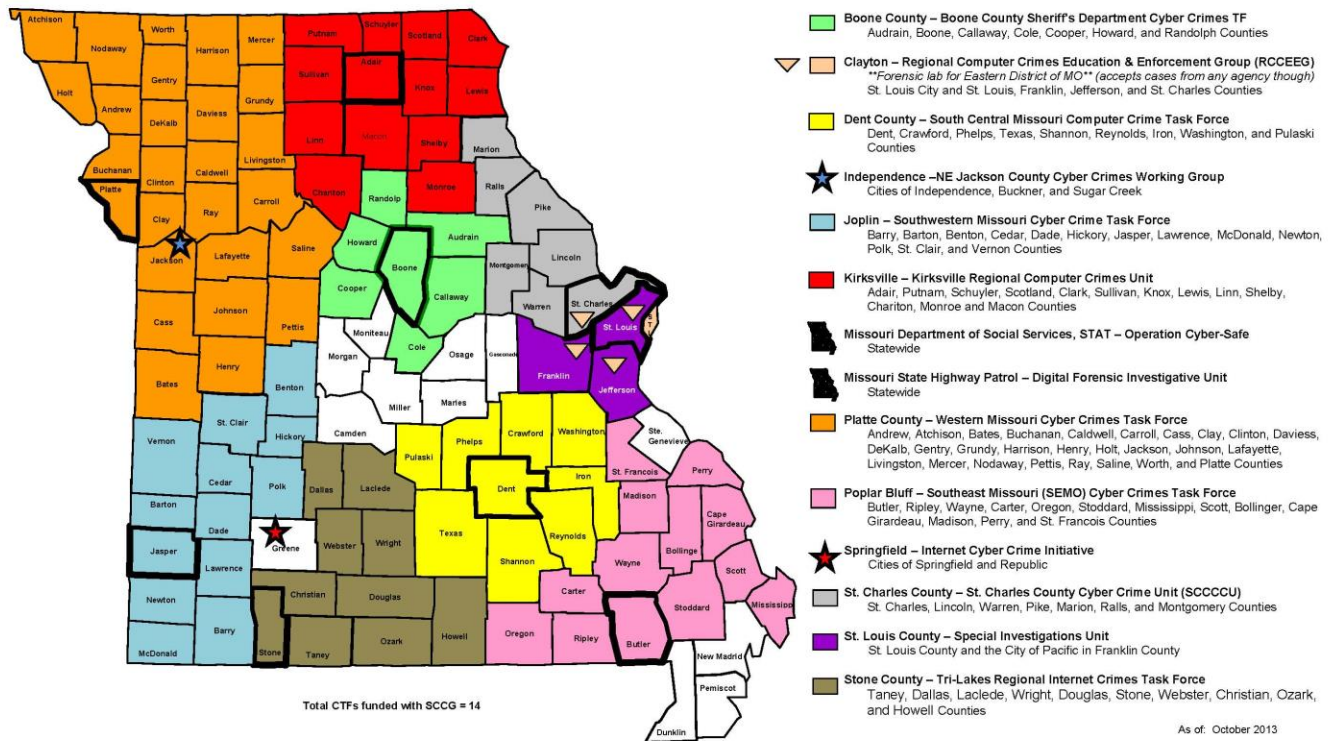
Following the project period end of the Recovery-JAG monies, the State of Missouri continued funding through the state-funded State Cyber Crime Grant (SCCG) Program for the salaries, training, and operational expenses of detectives and forensic personnel working directly with internet crimes relating to child pornography, enticement, solicitation, and other sex-related offenses.

During the FY14 reporting period, the DPS – CJ/LE Program made fourteen (14) SCCG awards to state and local recipients. The total award for this period was \$1,408,961.69. The following multi-jurisdictional cyber task forces received 2014 SCCG monies for the 12 month contract period of June 1, 2013 to May 31, 2014:

1. Boone County Sheriff's Department Cyber Crimes Task Force
2. Clayton City - Regional Computer Crimes Education and Enforcement Group (RCCEEG)
3. Dent County - South Central Missouri Computer Crimes Task Force
4. Independence - Northeastern Jackson County Cyber Crimes Working Group Against Internet Crimes
5. Joplin City - Southwestern Missouri (SWMO) Cyber Crime Task Force
6. Kirksville City - Regional Computer Crimes Unit
7. Missouri Department of Social Services - STAT Operation Cyber-Safe
8. Missouri State Highway Patrol – Digital Forensic Investigative Unit
9. Platte County - Western Missouri Cyber Crime Task Force (WMCCTF)
10. Poplar Bluff City - Southeast Missouri (SEMO) Cyber Crimes Task Force
11. Springfield City – Internet cyber Crime Initiative
12. St. Charles County - Internet Crimes Against Children
13. St. Louis County - Special Investigations Unit
14. Stone County - Tri-Lake Regional Internet Crimes Task Force

Of the 114 counties in the state of Missouri, 102 counties were active participants/members of these multi-jurisdictional enforcement efforts during the 2013 funding opportunity.

FY14 STATE CYBER CRIME GRANT (SCCG) FUNDED CYBER TASK FORCES



References

- ¹ *Client Tracking, Registration, Admission, and Commitment (CIMOR)*. 2013. Missouri Department of Mental Health
- ² *Patient Abstract System Data*. 2012. Missouri Department of Health, Bureau of Health Services Statistics
- ³ *Missouri Student Survey*, 2012. Missouri Department of Mental Health, Division of Alcohol and Drug Abuse
- ⁴ *Uniform Crime Reporting Program*. 2013. Missouri State Highway Patrol
- ⁵ *Summary Statistics, Missouri Crime Laboratories 4th Quarter, FY 2013*. Missouri Department of Public Safety
- ⁶ *Juvenile Court Statistics Report, Juvenile Court Referrals*. 2012. Missouri Department of Juvenile Services, Division of Youth Services
- ⁷ *Admissions Department of Corrections Drug Offenses*. CY 2012. Missouri Department of Corrections
- ⁸ *HIV / STD Statistics*. 2012. Bureau of HIV, STD and Hepatitis, Missouri Department of Health and Senior Services
- ⁹ *Summary Statistics, Multi-Jurisdictional Drug Task Forces*. 4th Quarter, FY 2013. Missouri Department of Public Safety
- ¹⁰ *Multi-Jurisdictional Drug Task Forces Illicit Drug Industry Survey*. 2014. Missouri Department of Public Safety.
- ¹¹ *National Drug Threat Assessment*. 2010. National Drug Information Center
- ¹² *Midwest High Intensity Drug Trafficking Area*. 2009. National Drug Intelligence Center, U.S. Department of Justice
- ¹³ *Street Drugs, A Drug Identification Guide*. 2008 and 2009 Editions. Publishers Group, LLC
- ¹⁴ *Public Opinion Survey*. 2011. Missouri Department of Public Safety
- ¹⁵ *Treatment Provider Directory*. 2011. Missouri Department of Mental Health
- ¹⁶ *National Survey on Drug Use and Health*. 2012. U.S. Department of Health and Human Services
- ¹⁷ *NDIC InfoFacts: Science-Based Facts on Drug Abuse and Addiction*. 2010. National Institute on Drug Abuse